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USAID Kenya (APHIAplus Nuru ya Bonde) Quarterly Progress Report October – December 2013



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APHIAplus Nuru ya Bonde
FY 2013 Q4 PROGRESS REPORT
(01 October– 31 December 2013)

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The authors' views expressed in this report do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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Acronyms and Abbreviations

AAC	-	Area Advisory Council
ADT	-	ARV Dispensing Tool
AMPATH	-	Academic Model Providing Access to Healthcare
AMSTAL	-	Active Management of Third Stage of Labour
ANC	-	Ante Natal Care
APHIAplus	-	AIDS Population & Health Integrated Assistance Project <i>People Centered, Leadership, Universal access, Sustainability</i>
ART	-	Anti Retroviral Therapy
ASDSP	-	Agriculture Sector Development Support Program
AWP	-	Annual Work Plan
BCC	-	Behavior Change Communication
BFHI	-	Baby-Friendly Hospital Initiative
CaCx	-	Carcinoma of the Cervix
CBD	-	Community Based Distributor
CCC	-	Comprehensive Care Centre
CD4	-	Cluster of Differentiation 4
CDC	-	Centre for Disease Control
CHEW	-	Community Health Extension Worker
CHIS	-	Community Health Information System
CHTC	-	Community-based HTC
CHV	-	Community Health Volunteer
CHW	-	Community Health Worker
CLTS	-	Community Led Total Sanitation
CME	-	Continuous Medical Education
CPT	-	Cotrimoxazole Preventive Treatment
CS	-	Community Strategy
CUs	-	Community Health Units
CYP	-	Couple Year of Protection
DASCO	-	District AIDS and STI Coordinator
DBS	-	Dried Blood Spot
DH	-	District Hospital
DHIS	-	District Health Information System
DHMT	-	District Health Management Team
DHRIO	-	District Health Records and Information Officer
DHSF	-	District Health Stakeholders Forum
DIC	-	Drop in Centre
DMoH	-	District Medical Officer of Health
DQA	-	Data Quality Audit
DQASO	-	District Quality Assurance and Standards Officer
EBI	-	Evidenced-Based Intervention
EID	-	Early Infant Diagnosis
EII	-	Evidence Informed Innovation
EMR	-	Electronic Medical Records
eMTCT	-	elimination of Mother to Child Transmission of HIV
EQA	-	External Quality Assurance
FACS	-	Flow Automated Cell Sorting
FANC	-	Focused Ante-Natal Care
FANIKISHA	-	USAID funded Institutional Strengthening Project
FBP	-	Faith-Based Organization
FBP	-	Food by Prescription
FGM	-	Female Genital Mutilation
FHI 360	-	Family Health International
FP	-	Family Planning

GOK	-	Government of Kenya
HAART	-	Highly Active Antiretroviral Therapy
HBTC	-	Home-Based Testing and Counseling
HC	-	Health Center
HCBC	-	Home Community Based Care
HCT	-	HIV Counseling and Testing
HCW	-	Health Care Worker
HEI	-	HIV Exposed Infant
HFG	-	HIV Free Generation
HH	-	Household
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMT	-	Health Management Team
HRIO	-	Health Records Information Officer
HSSF	-	Health Sector Services Fund
ICF	-	Intensive Case Finding
IGA	-	Income Generation Activity
IMAM	-	Integrated Management of Acute Malnutrition
IMCI	-	Integrated Management of Childhood Illnesses
IPD	-	In-Patient Department
I-TECH	-	International Training & Education Centre for Health
IUCD	-	Intrauterine Contraceptive Device
IYCF	-	Infant and Young Child Feeding
JFFLS	-	Junior Farmer Fields and Life Skills
KEMRI	-	Kenya Medical Research Institute
KEMSA	-	Kenya Medical Supplies Agency
NHRL	-	National HIV Reference Laboratory
KQMH	-	Kenya Quality Model for Health
LAAC	-	Local Area Advisory Council
LAPM FP	-	Long Acting and Permanent Methods of Family Planning
LIPs	-	Local Implementing Partners
LSE	-	Life Skills Education
LVCT	-	Liverpool Care and Treatment
M&E	-	Monitoring and Evaluation
MARPs	-	Most at Risk Populations
MCHIP	-	Maternal and Child Health Integrated Program
MDR	-	Multi-Drug Resistance
MEC	-	Medical Eligibility Criteria
MNCH	-	Maternal Newborn and Child Health
MOALF	-	Ministry of Agriculture, Livestock and Fisheries
MOE	-	Ministry of Education
MOH	-	Ministry of Health
MPDR	-	Maternal and Perinatal Death Review
MSM	-	Men who have Sex with Men
MTC	-	Medicine and Therapeutic Committees
MUAC	-	Mid Upper Arm Circumference
NASCOP	-	National AIDS and STI Control Program
NHIF	-	National Hospital Insurance Fund
NHIF	-	National Hospital Insurance Fund
NVP	-	Nevirapine
OI	-	Opportunistic Infection
OJT	-	On-the-Job-Training
OLMIS	-	OVC Longitudinal Management Information System
OPD	-	Outpatient Department
ORT	-	Oral Rehydration Therapy
OSY	-	Out of School Youth

OVC	-	Orphans and Vulnerable Children
PCR	-	Polymerase Chain Reaction
PEP	-	Post-Exposure Prophylaxis
PEPFAR	-	President's Emergency Plan For AIDS Relief
PGH	-	Provincial General Hospital
PITC	-	Provider Initiated Testing & Counseling
PLHIV	-	People Living with HIV
PMT	-	Project Management Team
PMTCT	-	Prevention of Mother-to-Child Transmission
PPMP	-	Project Performance Monitoring Plan
PRC	-	Post Rape Care
PRP	-	Performance Reimbursement Plan
PSI	-	Population Services International
PwP	-	Prevention with Positives
QA/QI	-	Quality Assurance/Quality Improvement
RH/FP	-	Reproductive Health/Family Planning
RRI	-	Rapid Results Initiative
RTK	-	Rapid HIV Test Kit
SCMS	-	Supply Chain Managements Systems
SDH	-	Social Determinants of Health
SGBV	-	Sexual and Gender Based Violence
SILC	-	Savings and Internal Lending Communities
SLMTA	-	Strengthening Laboratory Management Toward Accreditation
STI	-	Sexually Transmitted Infection
SW	-	Sex Workers
TB	-	Tuberculosis
TQA	-	Technical Quality Assessment
USAID	-	United States Agency for International Development
USG	-	US Government
VCT	-	Voluntary Counseling and Testing
VIA VILLI	-	Visual Inspection Acetic Acid/Visual Inspection Lugols Iodine
VMMC	-	Voluntary Medical Male Circumcision
WASH	-	Water Sanitation and Hygiene
WHO	-	World Health Organization
YEDF	-	Youth Enterprise Development Fund
YFS	-	Youth Friendly Services

I. APHIAplus NURU YA BONDE EXECUTIVE SUMMARY

APHIAplus Nuru ya Bonde is a five-year program whose goal is to improve health outcomes and impacts through sustainable country-led programs and partnerships. Specifically the project aims to increase the use of quality services, products and information and to address social determinants of health to improve the wellbeing of targeted communities and population in five out of the 14 counties in Rift Valley Province, namely Baringo, Nakuru, Narok, Laikipia and Kajiado. The project is currently in the third year of implementation. This report highlights the achievements of the fourth quarter (October – December) 2013.

County Quarterly Review Meetings: During this quarter, county based performance review meetings were held to review project progress and previous quarter achievements (July – September 2013). The review focused on tracking progress towards meeting annual county targets, service quality indicators and strengthening areas that were contributing to low performance. Emphasis was laid on remedial actions to strengthen data collection and reporting for CUs, facilities and OVC partners; improving transition rates of clients into care and treatment; and referral systems. There was a noted general improvement in the depth of analysis and use of data at county level.

Local Implementing Partner Organizations (LIPs) Quarterly Performance Review: A meeting was also held to review LIPs quarterly performance at county level. The reviews focused on the following; identification and documentation of success stories; regular monthly data reviews; sustainability strategies and use of data for decision making. The LIPs were also urged to conduct routine data quality audits (RDQAs) to ensure validity and consistency of reported data with source documents. The project continued to provide technical assistance to ensure sound implementation of action/improvement plans developed from both review meetings and supportive supervisory visits.

Development of Annual Project -2014 Work plan: The project annual work plan was developed during this reporting period a multilevel participatory process involving the implementing partners including the relevant GOK ministries, project staff and the project management team was used. The process involved review of past performance against the project work plans and proposing strategies for 2014 that took into account sustainability strategies. The work plan took into account unique priorities of various counties served by the project based on GOK County Integrated Development Plans (CIDPs) and other strategic documents and guidelines

Sub-Agreement Amendments: All the 18 LIPs and five strategic project partners had their sub-agreements amended. The amendments were aimed at extending the period of performance beyond December 2013.

FANIKISHA Human Resource (HR) and Administration Training for LIPs: APHIAplus collaborated with FANIKISHA project to train its 16 implementing partner's staff in human resource management and administration. The three-day training was held from 26th – 28th November 2013 and targeted 24 managers and administrative staff of 16 LIPs. The training was based on capacity gaps identified by project staff during the various technical assistance visits to the LIPs. The training focused on; HR policies, performance management, labor laws, procurement, management resources, compliance with statutory government requirements and the NGO co-ordination board regulations.

In addition, the project held several collaborative meetings with FANIKISHA for updates on progress and assessment of impact of previous trainings conducted by the IS project on the performance of LIPs.

A. Qualitative Impact

County Joint work plan development process: In order to strengthen working relationships and formalize the support to the five County governments, the project jointly developed costed work plans with the County Health Management Teams (CHMT) for the period October 2013 and March 2014. These plans were largely aimed at facilitating the Counties Ministries of Health to establish coordination and monitoring structures to facilitate both the County Executive for Health and the County HMT to effectively coordinate and monitor health care service delivery within the supported counties. The project will provide technical assistance in implementation of the plans and conduct joint progress reviews with the CHMTs.

Marking of National Days and Events: Through collaboration with NACC, MOH and other stakeholders, the project participated in marking World AIDS Day on 1st December 2013 in all the five counties. Support was provided to make the day successful including provision for counselors and materials for HTC outreaches and IEC materials.

Global Hand Washing Day was observed on 15th October, 2013 in all the counties in the region. CUs took part in the activity by educating the community on the importance of hand washing in relation to infection prevention, demonstrations on the correct way of washing hands and how to install hand washing facilities using locally available resources. Commemoration of the Global Hand washing day provided a powerful platform for advocacy, information sharing by extension policy makers and key stakeholders to accelerate hand washing practices in schools and communities by exploring the small doable actions.

The 16 days of Gender Activism was marked from 25th November to 10th December, in collaboration with the County GBV cluster, community units, OVC and caregivers participating in the process. The days were aimed at sensitizing communities about SGBV and availability of prevention services. This year theme was *“From Peace in the Home to Peace in the World. Let us challenge militarism and end violence against Women.”*



Pic 1: 16 days of GBV activism procession in Nakuru

In addition, APHIAplus supported a breakfast meeting through MOH County Health Management Team in Nakuru County. The meeting brought together various stakeholders including the police, religious leaders, members of county assembly, NGOs and other the GBV working group cluster members. The discussions focused on GBV prevention and response in Nakuru County as well as strengthening of GBV activities coordination.

During the quarter, Nakuru County Education day was held where the project donated three trophies on Best Child Friendly schools. Over 1,000 assorted IEC materials with messages on abstinence, drugs abuse and HIV stigma and discrimination were distributed.

Rapid Market Assessment: During the quarter, APHIAplus and the Nakuru County Agricultural Sector Development Support Program conducted a rapid market assessment survey in which representatives of support groups, beneficiaries, traders and agro-processors were selected and interviewed in order to identify key value chains in Nakuru County.

B. Quantitative Impact

Below is a summary of progress towards the achievement of the Project Performance Monitoring Plan (PPMP) targets for year 3 of the project implementation. Greater details are provided in the PPMP in Section III of the report.

Indicator	Baseline	Year 2013 Target	2013 Quarterly Achievements				Cumulative Achievements			Year	Percentage -% Achieved vs 2013 Targets
			Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	2013	2012	2011		
Improved facility reporting rate in PMTC.	85%	95%	90%	83%	92%	85%	88%	84%	96%		93%
Number of Community Units established through APHIAPlus Support.	162	150	141	141	140	0	141	162	51		94%
P 11.1.D Number of individuals receiving testing and counseling services for HIV and received their results by age,sex and results at facility level.	800,000	350,000	87,781	87,133	162,703	82,949	420,566	411,890	577,337		120%
P 11.1 D Number of individuals receiving testing and counseling services for HIV and received their test results by age,sex and results at community level.	95,000	100,000	33,319	26,618	47,925	10,058	117,920	140,343	81,937		118%
P 1.1.D Number of pregnant women with known HIV status (includes women who tested for HIV and received their results).	96,000	109,946	29,038	31,598	33,964	27,330	121,930	130,049	152,275		111%
P.1.2. D Number of HIV positive pregnant women who receive ARV to reduce the risk of mother to child transmission.	80%	90%	93%	119%	103%	128%	111%	112	4221		123%
P 1.5.D Number of HIV positive pregnant women newly enrolled into HIV care support services in USG supported sites.	80%	80%	54%	64%	56%	36%	53%	47%	1272		66%
C4.3.N Percentage of health facilities that provide virological testing services for infant diagnosis for HIV exposed infants through Dried Blood Spots	10%	70%	34%	53%	69%	35%	69%	1%	127		99%
C4.2.D Percentage of infants born to HIV infected mothers who receive prophylaxis to reduce MTCT	65%	80%	80%	230%	231%	85%	157%	116	80%		196%

Indicator	Baseline	Year 2013 Target	2013 Quarterly Achievements				Cumulative Achievements			Year	Percentage -% Achieved vs Year 2013 Targets
			Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	2013	2012	2011		
P1.7N Proportion of infants born to HIV infected mothers who are not infected.	88%	95%	92%	89%	92%	92%	91%	90%	93		96%
C1.1.D Number of eligible adults and children provided with a minimum of one care service (by<18,18+)	58,000	95,000	91,285	98,462	105,872	95,658	105,872	86,670	151,092		111%
C2.1D Number of HIV positive adults and children with a minimum of the clinical care service (by 15,15+ and sex)	58,000	35,000	28,164	29,810	31,244	28,985	31,244	17,466	78,122		89%
C2.2.D Number of HIV positive adults and children receiving cotrimoxazole prophylaxis (by age< 15,15+ and sex)	58,000	35,000	28,017	29,489	31,244	28,985	31,244	27,007	34,046		89%
T1.4 D Number of adults and children with advanced HIV infection who ever started on ART (by age and sex)	27,283	40,957	38,383	36,777	41,036	39,239	41,036	34,670	31,957		100%
T1 1.D Number of adults and children with advanced HIV infection newly enrolled on ART by age (<1,<15,15+), sex and pregnancy status.	5,396	5,000	1,312	1,067	1,145	1,183	4,707	4,536	4,994		94%
Couple Years of Protection	135,000		28,742	33,124	34,681	29,756	126,303	141,582	111,808		Target NIL
Number of pregnant women who made 1st ANC visits	127,404	144,150	25,778	27,706	27,640	20,783	101,907	113,101	107,134		71%
Number of women attending at least 4 ANC visits	41,625	52,750	9,102	10,453	11,842	9,953	41,350	41,354	36,374		78%
Number of deliveries by skilled birth attendants	54,272	30,000	12,286	16,175	17,048	15,583	61,092	60,893	62,400		204%
Percentage of children under 5 years of age who received Vitamin A from USG supported programs.	70%	573,780	40,677	73,154	71,200	22,708	207,739	276,314	313,110		36%
Number of children under 12 months of age who received DPT3	80,000	120,000	30,918	31,098	29,200	23,263	114,479	144,500	112,383		95%
P8.1 D Number of intended groups reached with individuals and /or small groups level interventions based on /or evidence and /or meet the minimum standards.	130,000	93,100	92,696	31,704	14,191	9,348	147,939	34,626	50,558		159%
P8.3 D Number of MARPS reached with individual and /or small group level interventions that are based on evidence and /or meet the minimum standards (CSW,MSM)	40,000	3,800	705	1,225	2,415	1,979	6324	4,314	16,051		169%
P7.1D number of people living with HIV/AIDS reached with a minimum package of PWP interventions	5,000	10,000	2,409	8,758	9,460	12,963	33,590	9,085	103		336%
Number of males circumcised as part of minimum package of MC for HIV prevention services.	-	1,000	-	-	1,018	1,921	2,939	15	74		294%
C5.7.D Number of eligible adults and children provided with economic strengthening service	3,761	3,000	1,282	11,866	8,897	8,975	11,866,045	2,876	3,266		735%
Number of vulnerable households provided food and nutrition education	TBD	30,476	15,066	24,223	24,812	24,474	30,822	21,928	6,977		98%

Indicator	Baseline	Year 2013 Target	2013 Quarterly Achievements				Cumulative Achievements			Year	Percentage -% Achieved vs 2013 Targets
			Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	2013	2012	2011		
Proportion of households with functional latrines within APHIAplus supported CHU	TBD	70%	86%	71%	87%	70%*/	79%	Survey	0		113%
Percentage of households with hand washing facilities	0	57%	72%	72%	82%	67%	73%	100777	0		132%
Percentage of households treating water	20%	65%	58%	79%	77%	63%	69%	Survey	0		106%

Note: During the quarter the project rationalized the number of supported sites resulting in a drop in the number of sites providing HTC, PMTCT and private facilities in Q4. This was due to practical considerations in providing technical assistance and the capacity of sites to provide comprehensive HIV services.

P.1.5.D: these results under this indicator are obtained from the ART summary report that captures women enrolled through PMTCT at the CCC hence the low proportion. Project is working to report data from the pregnant women enrolled into care at the MCH.

C.4.3.N: The drop in the proportion of sites offering EID from 69% to 35% in the current quarter is due to omission of sites that have been established to have the capacity but have not had an opportunity to test because no HEI have been identified during the reporting period.

C. Project Administration

Under the leadership and guidance of the PMT, the project rationalized the geographic coverage of various implementing partners in the project area in order to deliver the OVC intervention efficiently.

D. Subsequent Quarter's Work Plan

In the subsequent quarter, the project county teams will focus on consolidating the support to implementing partners and scaling up activities to increase access and uptake of HCT, increase VMMC for HIV prevention, increase coverage of HIV treatment and work towards elimination of new infections among infants born to HIV infected women. A detailed work plan for the next quarter is presented in Section X of this report.

II. KEY ACHIEVEMENTS (Qualitative Impact)

3.0 CONTRIBUTION TO HEALTH SERVICE DELIVERY

RESULT 3: INCREASED USE OF QUALITY HEALTH SERVICES, PRODUCTS, AND INFORMATION

RESULT 3.1: Increase Availability of an Integrated Package of Quality High-Impact Interventions at Community and Health Facility Level

3.1.1 Improved capacity of public sector facilities to provide a reliable and consistent high quality package of high impact interventions at community, dispensary, health centre, and district health levels (levels 1-4)

During this quarter, the clinical Multi-Disciplinary Teams (MDT) worked with the county and sub-county teams to improve service delivery gaps that had been identified at various facilities through the TQAs conducted the previous quarter. Mentorship, orientations and Continuing Medical Education (CME) sessions were conducted for health workers in an effort to address the service delivery gaps. Mentorship was conducted for 355 health workers, with a further 1,037 reached through orientations and CMEs in the various technical areas as outlined in the following individual county reports.

Baringo County: The Baringo MDT continued working with the DHMT/HMT in improving service delivery through mentorship, orientations and CMEs, as a follow up on the TQA gaps identified during the assessments conducted in the previous quarter. 44 HCWs were mentored, 40 oriented and 140 reached through CME in various technical areas to improve their capacity for quality service delivery. The mentorship focused on HIV Testing and Counseling (HTC), Prevention of Mother to Child Transmission (PMTCT), Anti-Retroviral Therapy (ART), Reproductive Health (RH)/Family Planning (FP), Dried Blood Spot (DBS) collection, Commodity Management and Maternal Neonatal Child Health (MNCH) services.

During the quarter in review, three mentor mothers and three sessional HTC counselors were hired to implement the mentor mothers program to enhance PMCT retention rates; and to scale up HTC testing services at Marigat DH and Kabarnet DH respectively.

Data Quality Assessment (DQAs) were carried out at two facilities in Baringo County (Kabarnet DH and Tenges HC). The key findings were: discrepancies in recorded versus reported data, the staff had poor understanding of indicators, standard reporting and recording tools, and did not know how to capture the data for some indicators, there were no data review meetings, and poor storage of the tools thus no confidentiality. The team addressed this through mentorship and on the job training.

In collaboration with FUNZO Kenya 60 health care workers were trained in adult ART (30) and PMCT (30) for five days and ten days respectively to enhance the management skills of the HCWs.

Kajiado County: During this quarter, the project supported orientations on ART guidelines, Prevention with Positives (PwP) and nutritional assessment in Kajiado Central and Oloitokitok sub-counties reaching a total of 86 HCWs. In addition, four CMEs on post-exposure prophylaxis were conducted in Ngong Sub-DH and Kitengela HC reaching 60 HCWs. The project provided mentorship at nine health facilities namely Oloitokitok DH,

Kimana HC, Entarara HC, Masimba HC, Kajiado DH, Ngong SDH, Entasopia HC, Rombo HC and Embulbul Catholic dispensary in order to address gaps in documentation, and quality care. The main focus of the mentorship was on integration, comprehensive care for PLHIV, PMTCT as well as cervical cancer screening and management as informed by the TQA findings done in seven of these facilities last quarter.

Laikipia County: Through the joint work plans, the project supported five CMEs on implementation of the national ART guidelines, management of ARV treatment-experienced patients, eMTCT and Leadership/Management in Nanyuki Teaching and Referral Hospital and Rumuruti DH reaching 113 HCWs.

In the reporting period, clinical mentorship focused on quality HTC services, eMTCT, Paediatric Anti-Retroviral Therapy, Tuberculosis in the era of HIV, integration of HIV/RH services, collection and processing of DBS samples for viral load/EID and commodity management. Through the joint efforts of the project, the Gertrude's Childrens Hospital and MOH mentors a total of 131 HCWs were reached through mentorship.

In addition, 28 HCWs were trained on PMTCT and seven on pediatric ART through Funzo Kenya. The trained HCWs were able to fully integrate PMTCT in MCH at Nanyuki DH, Ndindika HC and Oljabet HC where the project too supported deployment of mentor mothers. As a result of the mentorship that has been on-going in the county, six ART sites (Lamuria Disp, Oljabet HC, Ndindika HC, St. Joseph, Kalalu and Rumuruti SDH) have fully integrated TB and HIV services. The project supported the Laikipia North DHMT to carry out DQA in six facilities where they identified gaps like improper documentation and interpretation of HTC and PMTCT indicators. This was followed by mentorship and sensitization of 16 HMT members and 15 DHMT members at Nanyuki TRH and Laikipia East and Central respectively, so as to enable them carry out DQA in subsequent quarter.

Nakuru County: The MDT conducted targeted mentorship in selected facilities informed by previous TQAs, site visits and reports analysis; this was to address identified gaps aimed at improving quality of services. The team focused more on patients care level, which includes clients assessment for treatment failure and viral load result interpretation, formation of psychosocial groups, establishment of paediatric clinics, strengthening facility based CMEs, branding of supported sites (20) and distribution of relevant job aids and IECs materials.

The main activities carried out under KQMH in collaboration with URC-USAID ASSIST during this quarter were coaching visits to the 29 work improvement teams and the coaches, by the county and district Quality Improvement Teams (QITs). QITs also had their meetings during the quarter to deliberate on the implementation progress. The coaches supported the Work Improvement Teams (WITs) in validation of the data collected during the baseline and also updating the indicators being tracked for the months of October to December, development of process maps, root cause analysis and coming up with change ideas as well as testing them for the selected indicators.

The County QI team had a meeting which was aimed at updating the county monitoring and evaluation supervisory checklist to fit in to the Quality Improvement concepts. The county coaches' team was also supported to offer technical support to the sub-county QI team and the facility work improvement team on quality improvement in all areas of quality as stipulated in the KQMH. One of the key findings during this supportive supervision was that

the County team was able to appreciate the work the Sub-County team members have been doing in QI within the various health facilities and were able to offer support and input in some technical areas such as the status of the HSSF funds and give updates on the release of the AIE funds for the facility usage as well as the gazettelement of the Facility Health committees in the Kenyan Gazette.

The project supported with security enhancement in three KQMH model sites, and computers have been put in place for installation of EMR systems. The project also supported orientation of WITs in KQMH at Njoro, Molo and Nakuru PGH.

Jointly with the district teams, the project MDT reached 49 facilities and mentored 135 HCW in nine districts. The mentorship mainly focused on data recording and reporting indicators, service integration IP and documentation on Ante Natal Care (ANC)/PMTCT/ART/TB tools and commodity management with intention of improving the quality of services.

Total of 494 HCWs were updated on various topics through sensitizations and orientations. The key areas covered included: New ART guidelines, PWP, Pharmacovigilance, nutrition and IMAM, and YFS. A total of 63 clients were screened at Elburgon SDH for CaCx during one of the orientations.

In addition, the project supported some selected PMTCT site with phones for tracing PMTCT clients including HEI defaulters and immunization dropouts. An orientation for CHWs in community Health Packages and link desk in Molo and Kuresoi districts was also conducted.

Narok County: During the quarter in question the project worked with the HCWs and the sub county Health management teams (SCHMT's) of Narok North and South sub counties to ensure quality of services continued amidst the competing priorities of the Trachoma, Tetanus Toxoid and polio campaign that engaged most of the healthcare providers during the quarter.

A total of 25 HCWs from ten ART sites were mentored on accurate and timely monitoring of PLHIVs using CD4 and VL testing. A total of eight orientations/sensitization (five in Narok North and three in Narok South) covering topics such as Kenya Quality Model for Health, cervical cancer screening, maternal morbidity and mortality audit TB/HIV management in children and Integrated management of acute malnutrition (IMAM) were conducted reaching 104 HCWs. Additionally, two data review meetings were held at Ololulunga and Narok district hospitals in which the facility managers and service providers reviewed their performance for the previous ten months. These data-driven review meetings formed the basis of the project's outcome-oriented engagement with the MOH.

3.1.2 Increased capacity of district health management teams to plan and manage service delivery

During the period in review, the project clinical team facilitated the implementation of the Joint Work Plans (JWPs) with the 24 Sub County Health Management Teams (SCHMT) and 20 HMTs. additionally; County HMTs developed and started to implement JWPs with the project.

Baringo County: The project clinical team facilitated the implementation of the JWPs with

the six SCHMTs and four HMTs. JWP plan reviews were conducted in one district (Koibatek) and two facilities (Eldama Ravine DH, and Chemolingot DH) to keep track on the implementation of activities.

Through this mechanism, supportive supervision was conducted in Marigat district reaching 15 health facilities. In addition, four facility in-charges meetings were held to review the performance of the 115 health facilities in the respective districts (Baringo Central; Baringo North and Marigat district). The project also supported the DHMT in Baringo Central district to conduct a DQA for two sites i.e., Kabarnet DH and Tenges HC where data management issues were addressed. These include poor understanding of indicators, poor recording and reporting, and use of standard MOH reporting and recording tools. The team was also supported to carry out an integrated outreach at Baringo Central Sub County targeting the underserved regions reaching them with a variety of services. These included deworming, immunization, FP, FANC, treatment of minor ailments and HTC.

Kajiado County: The project supported the implementation and review of the JWPs in the three sub-counties and the three targeted hospitals. In addition, the project supported and participated in the development of county health strategic plan and sub-county annual work plans. Kajiado North sub-county was supported to carry out supportive supervision where ten health facilities were reached. The key issues identified includes suboptimal management of the EPI program, incorrect documentation and reporting of services in four dispensaries (Saikeri, Loodariak, Olooseos and Isinya health centre), inadequately trained staff and staff shortage. The project and MOH jointly addressed some of the gaps through mentorship, and sensitization on safe management of vaccines and supplying a pediatric weighing scale to Olooseos dispensary.

Six targeted integrated outreaches to underserved nomadic communities in Oldorko Ongisho, Musenke Losinyai and Ooloolua were conducted. During these outreaches; 105 children under five years were immunized, 28 treated for minor ailments, 38 given Vitamin A and 31 under-fives were dewormed. In addition, 535 children were provided with growth monitoring services and screening for malnutrition.

Laikipia County: The project supports five SCHMTs and three HMTs through JWPs. Through these work plans, the SCHMTs and HMT supported three CMEs and five sensitizations addressing knowledge gaps reaching 84 HCWs. The project also provided support to strengthen six patients' psycho-social support groups in Nanyuki TRH, Ndindika HC, Oljabet HC, Rumuruti SDH, St. Joseph Disp and Lamuria HC and the formation of two new support groups to address stigma reduction and adherence.

In this period, three SCHMTs were supported to carry out supportive supervision to 29 facilities. Staff shortage and incomplete documentation of service statistics were the two key challenges identified. The SCHMTs through the project have engaged Capacity Kenya for more staff while at the same time compiling the staff needs to forward to the county health office. The gaps in documentation continue to be addressed through mentorship and staff exchange visits to centres of excellence.

The project supported a stakeholders' forum in Laikipia North attended by 24 key stakeholders in health. The main agenda of the meeting was the implementation of community referral systems through the existing community units, infrastructural improvements at Doldol SDH and human resources for health. Two facility-in-charges'

meetings were held to discuss use of the DHIS to monitor facility performances and means of improving quality of care.

In addition, three integrated outreaches to underserved areas were held reaching 498 patients who were treated for minor ailments, 86 children under one year were immunized, 101 children given vitamin A and 576 dewormed and 163 clients were tested for HIV.

Nakuru County: As part of the implementation of the JWPs across the nine districts and facilities in the county, Rongai district and Nakuru PGH were supported to carry out a counseling support supervision session with their supervisors, reaching nine facilities in Rongai district, and 32 counselors. Nakuru PGH also discussed ways of improving HTC uptake in the facility and resolved to have sessional counselors to support the Out Patient Department (OPD). The main issues addressed during the supervision were gaps in service delivery, HSSF, waste management, data and staffing issues, which had been identified earlier during TQA and DQA. A further three sub-counties were supported to have facility in charges meetings, reaching 145 facility managers. The meetings addressed data challenges to promote data use at the facility levels among other issues. Two facilities (Olunguruone SDH and Elburgon SDH) and three sub-counties (Rongai, Naivasha and Gilgil) were also supported to conduct DQAs. Feedback from these activities guided the MDT/ SCHMTs/HMTs on areas of focus as they continue with mentorship.

Narok County: During the quarter, the Ministry of Health staff and the SCHMTs were involved in a series of health campaigns- polio, trachoma and tetanus- as informed by epidemiologic trends in the county. The project provided logistical support for two out the five days in each campaign. With the devolved health functions, the project supported the development of a joint work plan with the new County Health Management Team (CHMT) in order to guide project implementation and strengthen the CHMT supervisory role.

Jointly with the Narok DH and Ololulunga HMTs, the project conducted performance reviews focusing on reproductive health/family planning, HTC, ART and PMTCT services. The gaps identified were attributable to frequent staff rotations and poor deployment of the trained staff. As a result the HMTs redeployed trained staff in the appropriate service delivery points.

Through the work plan, the project supported integrated outreaches to 15 hard-to-reach sites, nine in Narok South and six in Narok North. During the outreaches, a total of 1,422 people were served. Of these, 426 children were immunized and screened for malnutrition, 99 reached with FP services, 125 provided with ANC services and a total of 229 people tested for HIV. Additionally, 543 people were treated for minor illnesses ailments.

3.1.3 Strengthened capacity to record, report and use data for decision making at district, facility and community level

In the October-December 2013 reporting period, the project continued to offer technical assistance to APHIAplus-supported counties to ensure availability and use of standard tools, complete and timely reporting, improved data quality and use of data for decision making. This was achieved through targeted visits to a total of 110 facilities, routine M&E assessments, data-quality audits, and both monthly and quarterly data review meetings. Additionally, job aids and performance charts were distributed in selected facilities to strengthen use of data. Across the five counties, the project distributed a total of 1,872 Form

1As. This responded adequately to the needs of supported IPs and consequently, no stock outs were recorded during the quarter.

Building on the impetus from last quarter's gains from the healthcare managers' data use workshop, the project continued to engage facilities in data use and demand activities. Among the strategies the project adopted were the use of data review meetings; and dissemination of both service delivery cascade charts and performance monitoring charts at facility level. Detailed county achievements are presented below:

Baringo County: A total of 16 facilities in five districts were visited. As in the previous quarter, the team mentored facility health care workers and administered the M&E checklist. Ten facilities benefitted from administration of the checklist. Gaps such as incomplete filling of HMIS tools and misinterpretation of PMTCT and HTC indicators were noted to be recurring. These were addressed through targeted mentorship. In addition, follow-up action plans were set to assess progress of mentorship efforts. Guided by the standard tools availability checklist, the team continued to supply various HMIS tools on a need basis. A total of 1,347 tools were distributed across the six sub-counties thus ensuring that no shortages occurred. Facility HMIS tools distributed included MOH 258 appointment cards, MOH 257, HTC and HEI registers and MOH 711 summary tools.

To promote demand and use of data at three high volume sites – Kabarnet, Marigat and Eldama Ravine DHs, the project team held discussions on program cascades for the previous year. From the discussion, missed opportunities were identified and remedial action plans instituted. Priority indicators per service area were identified and a decision to plot these on the performance monitoring chart was made. With these efforts, this is aimed at motivating service delivery staff to maintain high performance targets and service delivery standards. Working with our strategic partner I-TECH, the EMR was rolled out to two more facilities. This now brings the total number of sites with an EMR in the county to four.

Efforts were also made to institutionalize data reviews meetings both internally and externally at IP level. With the support of M&E team, technical officers held two data review meetings. The purpose of this exercise was twofold; identify and rectify data/reporting issues and assess the quality of care/services provided by supported partners. OVC data was assessed using various pre-programmed reports particularly PEPFAR Global summary as generated from OLMIS. Based on these reports, follow up on OVC not served was done by technical staff. Monthly planning and feedback meetings were conducted in 20 CUs in Baringo County. In the meetings, data quality/reporting issues were discussed. The project team also mentored CHWs on CHIS tools and referral booklets.

In order to strengthen the OVC system, a tracker for OVC filing system was developed. This will go a long way in strengthening the system to ensure all OVC have requisite documents in their individual files.

Kajiado County: Following a sequential sub-county visit approach in Kajiado, 11 facilities in two sub-counties- Kajiado North and Central, were visited for mentorship. A total of 28 health care providers were mentored on a need basis. Identified gaps upon which mentorship was based included indicator definitions and incomplete documentation of MOH 711 and 731.

Four IPs were oriented on OVC SOP that addressed removal of duplicates in OLMIS. In addition orientation was also done for various staff as follows: 32 staff from five OVC IPs on data quality assessment; 43 CHVs from an IP (Beacon of Hope) on indicator definition and interpretation of Form 1A; six IPs on the standard OVC filing system. As a result of the orientation, one partner (AJAM) conducted a DQA in December. This allowed the partner to identify and prioritize gaps in their data quality.

Twenty one (21) CU members and four CHEWs in Kajiado were also oriented on CHIS indicator interpretation. From these efforts, IPs will be expected to interrogate their data more, thus assisting them make better management decisions.

To ensure availability and use of standard tools, the team distributed a total of 1,612 tools and continued to mentor HCWs on correct use of tools across the three sub-counties. The predominant tool distributed was the MOH-257 followed by MOH 258. Six registers – ANC and maternity were distributed to three facilities in Laikipia East (Marura, Matanya and Lamuria) and two in Laikipia West (Melwa and Olmorani) respectively. Of note was that no shortages occurred throughout the quarter.

Six facilities were issued with the performance monitoring charts and mentorship on service delivery cascades done to create demand and use of data. As a result of this effort, three facilities – Kajiado, Namanga and Loitokitok DH that have consistently used performance monitoring charts have demonstrated a sustained improvement in data quality. There have been no new sites where deployment of IQCare EMR has taken place since most efforts have been geared at entering legacy data.

In a bid to stimulate data use among partners in Kajiado, the team initiated M&E technical working group meeting where data from partners was reviewed and strategies adopted to improve and utilize data. Monthly feedback was provided to OVC IPs to stimulate data use and improve quality of reports.

Laikipia County: The team in Laikipia, informed by the gaps in M&E checklists from last quarter adopted a different strategy. Since most challenges identified were on the summary reports, and given the vastness of the region, the team came up with an ingenious strategy to increase the effectiveness of their mentorship efforts. To improve understanding of indicators, the team leveraged on their cordial relationship with the DHMT's to conduct monthly performance reviews on data when brought to the DHRIO. Health care workers were mentored on contentious PMTCT and HTC indicators during these monthly reviews. Additionally, five facilities in Laikipia East and two in Laikipia West were visited for mentorship and tool distribution. Two healthcare workers were oriented on ART HMIS tools in the latter two facilities. Working jointly with the DHRIO and the DHMT, the project supported distribution of tools to three sub-counties on a needs basis. Of note was the success of a joint supervision visit to Laikipia North. Six facilities that had older versions of HMIS registers were mentored and agreed to use the revised tools. These tools were already at the facility.

The project participated in IP cluster meetings where gaps were identified and rectified with CHVs on reporting of OVC data. The upgraded OLMIS system was installed for IPs and continued support was provided by PAs. The PAs worked hand-in-hand with IPs to increase service coverage. Information contained on Form 1As was corroborated through occasional household visits. These efforts have served to maintain high quality OVC data.

To promote data use, the Nanyuki District hospital staff were mentored on use of the performance monitoring charts. They have since started charting selected indicators in different service areas of HTC and PMTCT. The feedback from three in-charges meeting that our team attended, indicated that these charts are making a positive difference in improving the quality of data at different service points.

From the previous quarter, three more sites – Ngobit, Ndindika and Oljabet have had the EMR deployed. In Nanyuki DH, legacy data is now being entered by two data clerks contracted by our strategic partner Futures Group. Once this is complete, generating reports from the EMR would be a click away, a step that would greatly increase utilization of data for decision making.

Nakuru County: In Nakuru, a total of 32 facilities across the nine sub-counties were visited by the team mentoring 68 health care workers. Mentorship centered on correct use of standard reporting tools and interpretation of PMTCT, HTC and care and treatment indicators. Following the handover of Kuresoi Health center from Walter Reed, the team conducted an M&E assessment at the facility. This was meant to guide prioritization of activities during engagement with the facility. Further, the team utilized results from the gap analysis sharing these with DHRIOs. This was instrumental in prompt identification of non-reporting sites and mopping up of their reports.

A total of 33 registers (ART, HTC, PEP, ANC, and Maternity) and 11,678 cards, booklets and summary sheets were distributed across the nine sub-counties of Nakuru. These were all based on identified need. As a result, facilities were consistently able to record and report on services with minimal disruptions.

At community level, five OVC IPs were mentored on data management activities such as OLMIS exit module, data use, reporting rates and use of sky drive for transmitting data. In health communication, five IPs were mentored on data verification, basic analysis and use of sky drive for data transmission that has improved efficiency leading to timely reporting.

The project distributed Life Skill Education data flow charts to Ministry of Education staff. These charts served to better define roles of different stakeholders involved at each level of data flow cycle. The project assisted IPs to monitor quarterly progress by guiding them on defining appropriate indicators for this purpose.

In order to promote use of data, two high volume facilities – Nakuru PGH and Naivasha DH held data review meetings. Performance monitoring charts were rolled out in four additional facilities. With on-going mentorship, these facilities have been able to select indicators and are now charting the same. With these efforts, the utility of data collected at service delivery points has increased.

The project completed renovations in Njoro and Molo. This had precluded the deployment of IQCare EMR system to these sites. In the subsequent quarter, the two facilities will be prioritized for deployment.

Narok County: A total of 33 facilities were visited in both sub-counties in Narok. Following the administration of the M&E checklist several gaps were identified. In Narok North, these included incomplete documentation in ART, PMTCT and ANC registers. In Narok South,

similar gaps were identified. Mentorship on correct filling of tools and strategies to improve reporting rates through the DHIS were underscored. The team distributed over 1,200 tools in both sub-counties of Narok. These were primarily MOH 257 and TB cards. Over 70 registers were distributed ranging from ANC, HTC and HEI. With previous shortages of MOH 711 and under five morbidity and mortality reporting tools, HCWs were mentored on forecasting. Notably, with these efforts from our team, no significant outages were noted during the quarter.

The project intensified efforts of routinely monitoring CHEWs summary reports to ensure data is reliable and of quality for decision making. CHEWs and CHWs were oriented on proper use of CBHIS tools which included updating chalkboards

The project rolled out performance monitoring charts in two high volume sites of Narok North to promote use of data. Jointly through a meeting with the CHMTs, common problematic indicators were agreed upon. These will now be charted at facility level. With this buy-in, it is hoped that these indicators will improve in coming quarters. With the additional deployment of the EMR to one more site – Nairagie Enkare, the total number of sites with the EMR stands at five. Joint mentorship efforts with our strategic partner Futures Group to assist facilities generate reports are ongoing.

One IP conducted CSI where data for 10 OVC was analyzed and the results shared out with TO OVC for planning. Detailed outcomes of the CSI are reported in section 4.5.1 for Narok county.

Further, the project supported nine dialogue days and 40 CUs to conduct monthly data review meetings to promote use of data. These fora provided an opportunity for joint data reviews by the technical staff, CHWs and CHCs. The project also supported the CHC to conduct quarterly planning meetings using available data.

Although many activities were accomplished during the reporting period, a few pertinent challenges continued to stifle the project performance. Low reporting rates from far-flung facilities in hard-to reach counties such as East Pokot due to transport and infrastructural challenges. Secondly, lack of revised nutrition tools leading to facilities using old tools which lack indicators for monitoring stunting (height for age) and deworming. Delay in the finalization of DHIS template for the revised nutrition service registers and LMIS tools. The issue of old CHANIS reporting was reported to the national mechanism and they advised that the new tools will be distributed after the national roll out. Thirdly, inter-departmental staff rotation and staff attrition, specifically the loss of NASCOP data clerks in Kajiado county and staff absenteeism continue to affect capacity of facilities to record and report data. The project has opted to use SOPs, job aids, and targeted and continuous mentorship at shorter frequencies to deal with this. Fourthly, is the slow roll out and low ownership of the EMR by MOH staff. To address this project is collaborating with the responsible USG partners to incorporate the project clinical team in mentorship. Finally, the health workers strike in December greatly affected recording and reporting for that period as well as planned mentorship activities.

3.1.4 Strengthened capacity at Levels 1, 2 and 3 for focused response as dictated by local need and epidemiology

The project supported a total of 140 CUs with 167,005 households and a catchment population of 746,474. The number of functional Community Units for the entire region remained 116 as the previous quarter but there were variations on functionality status at county level.

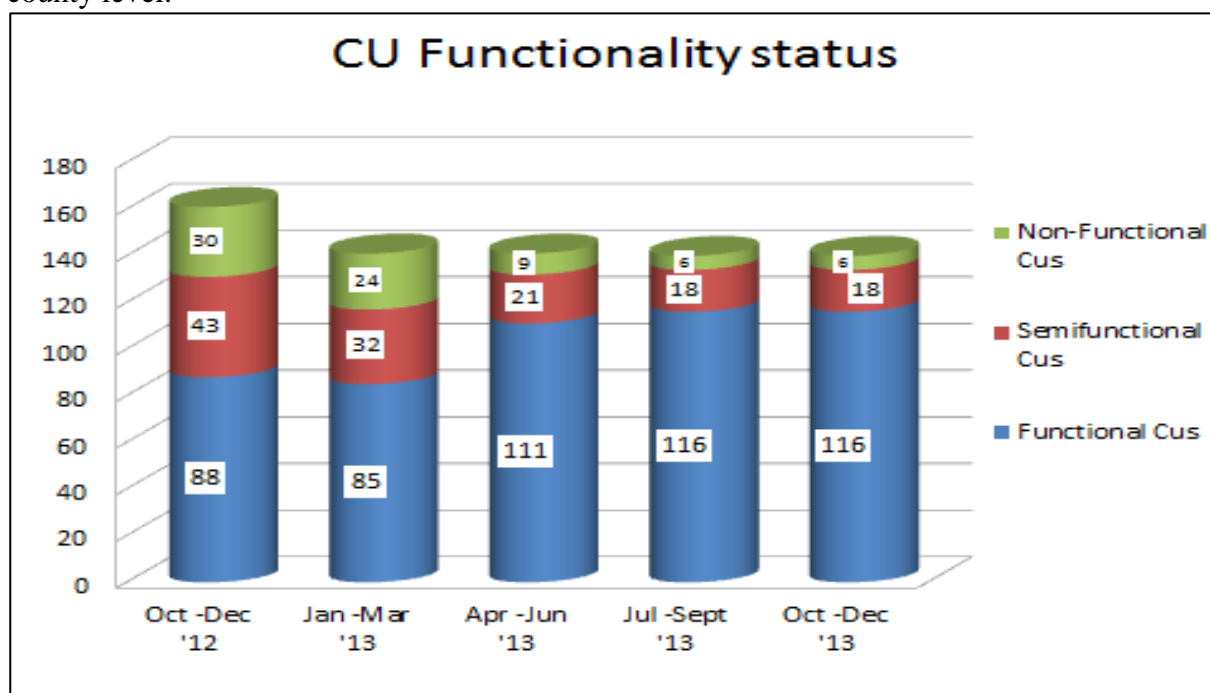


Figure 1: CU functionality status

In order to strengthen capacity at level one, DHMTs were supported through the MOH joint work plans to conduct integrated outreaches in CUs to address identified needs and support supervision, strengthen CU workforce capacity to report and use data to response to local needs. The project held a total of 192 integrated outreaches/monthly health action days against a target of 408. The variance against the target is as a result of 24 semi functional and non-functional units that did not conduct outreaches during the reporting period as well as the health workers' strike in the month of December 2013. The following services were offered during outreaches and action days; immunization, family planning, treatment of minor ailments, deworming, and HIV testing and referrals, polio and trachoma eradication campaigns, condom distribution, demonstration of water treatment as well as garbage collection. Below are the achievements per county;

Baringo County: The project supported a total of 20 community units, with coverage of 18,957 HHs, 552 CHWs and a catchment population of 95,202. The number of functional community units remained 20 as in the previous period. The project held a total 12 monthly health action days against a target of 20 during which the following services were offered; demonstration of water treatment using aqua tabs and hand washing steps using tippy taps. A total of 536 CHWs against a total 552 reported in this quarter, translating to 97% reporting rate which is the same as previous quarter.

Kajiado County: The project continued to support 21 CUs with 14,142 HHs with a population of 72,157 who are served by 434 CHWs to ensure they are fully functional. The number of functional community units increased to 17 up from 15 in the last quarter while semi functional CUs reduced from six to four CUs. 51 monthly health action days out of a targeted 63 were held. The priority areas addressed included water treatment as well as hand

washing. A total of 348 CHWs against a target of 434 reported in this quarter, translating to 80% reporting rate, an improvement from 68% in the previous quarter.

Laikipia County: The project supported a total of 13 community units, with a household coverage of 16,182 HHs, working with a workforce of 308 CHWs and a catchment population of 60,717. The CU functionality status remained the same with 10 CUs functional, one semi functional and two non-functional just as it was in quarter three. A total of 20 monthly health action days against a target of 39 were conducted. These activities were based on the community health problems that had been prioritized during the dialogue days.

Nakuru County: The project is supposed to support 66 CUs, however, only 62 CUs are operational. The number of functional CUs increased to 54 from 51 in the previous quarter while the semi-functional reduced to 8 from 11 CUs in quarter three. The non-functional CUs remained four across the four quarters. The increase in functional CUs was as a result of an improvement in DHMT supervision as well as development of CU action plans. The project held 89 monthly health action days/ integrated outreaches against a target of 198 during which the following services were offered; immunization, family planning, treatment of minor ailments, deworming, HIV testing and referrals, treat water demonstrations, improvisation of tippy taps and leaky tins for hand washing (*See 3.1.6 below*).

Narok County: The number of functional community units reduced from 20 to 15 in the previous quarter while semi functional increased from zero to five. Five CUs that were previously functional scored poorly in the functionality assessment indicators and moved to semi functional status. The project held a total 20 monthly health action days against a targeted 60, during which demonstrations of water treatment using aquatabs as well as demonstration of hand washing steps.

3.1.5 Improved capacity of the private sector to provide a package of high quality, high impact interventions

Project staff engaged with private providers in two of out the five supported counties to enhance the quality of their services through mentorship, orientations and CME sessions during the quarter. In addition, the project assisted in distributing RTKs to the providers.

Kajiado County: In scaling up of HTC services and ensuring no service stagnation the project, distributed RTKs to three private health facilities namely Matasia Nursing, Kitengela Medical and Magadi Hospital. The service providers were also mentored on commodity management with focus in quantification to mitigate the ever looming shortages.

Follow up mentorship was conducted for service providers at two sites on the new module of ADT linking to the recently installed EMR system. Existing data from these facilities is in the process of being entered to enable them migrate fully to using the EMR for their daily transactions. Twenty providers attended an orientation on commodity management that was identified as a gap during supportive supervision. A further 16 laboratory staff attended a CME on laboratory quality indicators focusing on safety, External Quality Assurance, turn-around time for samples and documentation. The project also supported EID and CD4 sample shipment from two peripheral private facilities to the testing hubs.

Nakuru County: In this reporting period, a total of 66 service providers of different cadres were oriented on commodity management and a further 50 providers attended CME on Oral

Rehydration therapy and HIV in pregnancy. As a follow-up to the TQA findings, project staff carried out mentorship activities at nine facilities touching on the areas of weakness that had been identified. These areas included how to identify early signs of treatment failure, the ARV commodity reporting and requisition tools, the cohort registers and use of MOH731. Data reconstruction was carried out at four private facilities due to inconsistencies in their reported data.

In conjunction with MOH sub-county managers, supportive supervision was conducted at nine private facilities during which a total of 22 service providers were engaged. . The project facilitated the transport of 22 viral load samples from 10 facilities to the three laboratory hubs. Six of these facilities were supplied with DBS kits for Early Infant Diagnosis (EID). The sites were mentored on how to fill the commodity forms and shown how to make returns so as to be supplied with consumables for the same from KEMSA. Six sites were also linked to the RTK supply chain. Two ART sites also received ARVs that are not part of the national system from Phillips Pharmaceuticals at reduced prices negotiated by Goldstar Network. The bulk 80%, of the private providers are now reporting using the standard MOH tools for their commodities though there is still work to be done to improve the timeliness of the reports. One challenge faced by private providers is the frequency of staff turn-over which in turn means that built capacity is not available to ensure continuity of services.

Narok County: The project did not support any activities under the private sector in this county during this reporting period.

3.1.6 Increased capacity of functional community units to promote preventive health behaviors, identify, refer/manage complications

The project continued to track and report on the key outcome indicators such as WASH, knowledge of HIV/ AIDS status and MNCH in this quarter. Under WASH, the proportion of HHs with functional latrines dropped to 68% (114,109 against 167,005) in comparison to the previous quarter's achievement of 87%. The drop is attributed to collapsed or dilapidated latrines that were not functional at the time of the household visits.

The proportion of households treating water was more or less the same as the previous quarter at 77% (129,331 against 167,005). The MOH continued to supply water treatment products such as aquatabs as well as use of solar disinfection as a locally available method of water treatment. On the other hand the proportion of HH with hand washing facilities decreased from 82% in the previous quarter to 67% (112,277 out of 167,005) in this reporting quarter. The huge drop was due to the health workers strike during the quarter that reduced supervision by the CHEWs.

The graph 2 below illustrates trend analysis of WASH indicators across the four quarters:

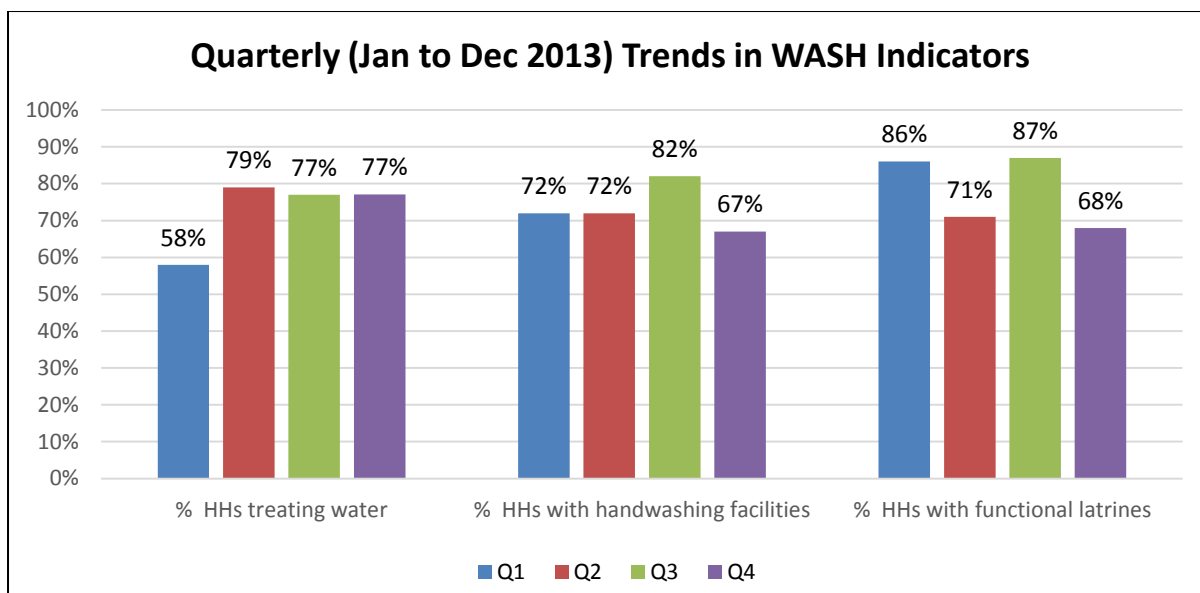


Figure 2: Quarterly WASH indicator trends

Through integration of outreach health services, individuals who know their HIV status increased from 73% in the previous quarter to 82% (617, 667) in the reporting period against a target population of 746,474. The increase was facilitated by continuous mobilization and health education by the CHWs at the household level on the benefits of individual knowledge of HIV status. Specific results from each supported county are reported below:

Baringo County: The proportion of HHs with functional latrines in the reporting quarter was 79% (15,030 out of 18,957), a reduction when compared to 84% in quarter three. The reduction was due to weak soil structure, heavy rains and storms that destroyed most of the unstable structures in the region. The proportion of households treating water increased from 68.3% in the previous quarter to 76.7% (14,550 against 18957). Households with hand washing facilities increased from 63% (14,002 out of 18,957) to 73.8%. This was due to more emphasis on water quality and hygiene promotion in schools that was done along sensitization for eye care and hygiene in Baringo Central and North Sub-counties.

The proportion of skilled deliveries in the quarter under review remained at 79% (187 out of 236 births) the same as the previous quarter. Out of the 236 live births, 184 women completed at least 4 ANC visits, translating to 78% for the reporting quarter. This was an improvement in 4th ANC attendance compared to 53% in quarter three. This improvement in completion of 4th ANC visits was as a result of accelerated efforts of the CHEWs and CHWs in reaching out to expectant mothers with messages on antenatal care and its benefits as well as improvement in HHs coverage by the CHWs.

Kajiado County: The prevalence of drought during the reporting period affected most of the outcome indicators downwards. The proportion of HHs with functional latrines reduced from 72% to 63% (8,947 out of 14,142 HHs); water treatment at households level dropped from 76% to 71% (9,988 out of 14,142) and hand washing facilities also dropped from 70% to 57% (14,142 against 8,087). Erratic supply of water treatment products by the MOH affected water treatment. Skilled deliveries increased to 65% (391 out of 605 live births) from 47% in quarter three.

Laikipia County: The proportion of HHs with functional latrines dropped to 90% (14,498 out of 16,182 HHs) from 97% in the previous quarter. Latrine coverage also dropped due to heavy rainfalls experienced towards the end of last year in parts of Nyahururu and Laikipia West districts that resulted in flooding rendering the toilets non-usable and unsafe for use. The proportion of households treating water reduced to 75% from 84% in quarter three. The drop in water treatment was occasioned by stock out of treatment products during the reporting period.

The number of skilled deliveries in the quarter under review improved to 73% (187 out of 245 live births) from 65% in the third quarter. This improvement was due to concerted efforts by CHWs on communicating the importance of delivering at the health facility as well as intensive follow ups and referrals to health facilities. Out of the 245 live births, 187 of the women completed at least 4 ANC visits, translating to 73% this quarter, an improvement from 64% in quarter three. This was as a result of awareness creation on the benefits of ante-natal care to the mother, unborn baby and the community.

Nakuru County: The proportion of households treating water in this quarter was 81% (82,321 HHs out of 101,698 HHs). This is a drop in performance compared to 85.3% in quarter three. This drop was due to a reduction in the supply of household water treatment chemicals such as aquatabs by the MOH. The proportion of households with hand washing facilities such as leaky tins and tippy taps reduced to 69% (70,612 HHs out of 101,698 HHs) in quarter four from 92.4% in the previous last quarter. This was brought about by a lapse in the close supervision of CHWs activities by the CHEWs especially in the month of December which experienced a nationwide health workers strike.

The county reported an increase in skilled deliveries with 1,351 against 1,552 births (87%) in this quarter compared to 84.2% in quarter three. This improvement is due to concerted efforts of the CHWs in reaching out to households with messages on skilled deliveries as well as the implementation of the birth plans. The proportion of pregnant women who attended at least 4 ANC visits in this quarter dropped to 81% (1,259 out of 1,552) from 90.5% (1395 out of 1540 live births) in quarter three.

The total number of people with knowledge of their HIV/AIDS status in this quarter increased to 94% (403,278 against a target of 428,960 people, a steady rise in performance when compared to 92.8% achieved previous quarter. This rise in the HIV status knowledge is attributed to outreaches conducted within the CU catchment population as well as the accelerated household visits and health education of the household members by committed CHWs.

Narok County: The proportion of HHs with functional latrines went up by 18% from 37% to 55% (8,817 out of 16,026 HHs) in quarter three. This was as a result of intensified sensitization of HHs by CHWs on importance of latrine use as well as demonstration on how to construct latrines using locally available materials. The proportion of households treating water increased to 64% (10,318 out of 16,026) from 35% in quarter three while the proportion of HHs with hand washing facilities dropped to 50% (8,044 against 16,026) from 57% in the previous quarter. The increase in proportion of HHs treating water was due to the fact that other alternative forms of water treatment such as solar disinfection that uses locally available materials was used. On the other hand, the drop in proportion of HHs with hand washing facilities was because in the previous quarter, more emphasis was placed on hand washing practices as opposed to physical existence of hand washing facilities which was the case in

this quarter. Skilled deliveries dropped to 36% (268 out of 735 live births) from 89% in quarter three while the number of pregnant mother attending at least four ANC visits increased to 59% (438 out of 735 live births) from 41% in quarter three. The drop in skilled deliveries was as a result of logistical challenges such as transportation problems due to poor road network and long distances to health facilities especially in Narok South.

3.1.7 Increased availability of HIV/AIDS treatment services at points of contact for PLHIV with health system (e.g., rural facilities, TB clinics)

HIV Counseling and Testing

The MDTs continued supporting facilities/HCWs with mentorship, sensitizations and orientations focusing on integration of HTC across departments, rapid HIV testing procedures and the new national algorithm, commodity management, quality documentation and timely report submission to avoid shortages across the counties.

In addition, the project deployed five sessional counselors to four facilities in Baringo and Nakuru counties, to support PITC services which were performing poorly in these selected high volume facilities due to shortage of staff.

During the quarter under review, the project supported 477 facilities to provide HTC to 82,949 individuals of whom 10,058 were tested through community HTC. The health workers' strike experienced in December contributed to a drop in HTC as nearly all facilities were closed for part of the period, followed by a go slow after staff returned to work. Cumulatively, to the end of this quarter, the project has tested 420,566 individuals achieving 93.4 % of the project annual target of 450,000. Of those tested this reporting period, 3,177 were positive giving a crude prevalence rate of 3.8% and 63.2% (2008) of these were enrolled into care. Detailed county results are presented below:

Baringo County: During the quarter, the project supported 95 facilities to conduct HTC services with five additional sites from East Pokot Sub County, where a total of 12,378 clients (53% females) received HTC services. This was a drop compared to previous quarter achievement of 20,607 which is attributed to the fact that there was a HTC RRI in the previous quarter and to the health workers strike in December 2013. Out of the individuals tested during the quarter, there were 11,324 adults (4,822 males and 6,502 females) and 1,054 children (487 males and 567 females). One hundred and eighty four couples were tested of whom 2 were concordant positive and 7 were discordant.

Out of the 12,378 clients tested during the quarter, 72% (8,931) clients (3,732 males and 5,199 females) were tested in the OPD; 18% (2,268) clients (1,071 males and 1,197 females) were tested in the VCT; and 10% (1,179) clients (506 males and 673 females) were tested in the IPD. A total of 252 clients (105 males and 147 females) tested HIV positive during the quarter giving a crude prevalence rate of 2.0%. That is, 1.8% (159) clients tested positive at the OPD; 2.6% (31) clients tested HIV positive at IPD; and 2.7% (62) individuals tested HIV positive at the VCT.

The project supported the deployment of four HTC counselors in three facilities (Kabarnet DH, Marigat DH and Eldama Ravine DH) to support the PITC services at the facilities.

Kajiado County: The project supported 98 HTC facilities in the county. In the reporting period, HIV rapid test kits were supplied to 13 facilities so as to supplement the supply from

KEMSA and avert interruption of services due to stock outs. In this reporting period, a total of 13,137 clients were tested for HIV of whom 60% (7,875) were females. Facility testing contributed 90.1% (11,837) while community HTC approaches contributed 1,300 (9.9%). The decrease from the previous quarter's performance where 33,340 were tested is attributable to the health workers strike in December, the low activities during the festive season and withdrawal of the sessional counselors deployed during the RRI. Out of the tested clients, 4.3% (564) clients tested positive of whom 349 62% (349) have been enrolled into care. A total of 274 couples were tested and nine found to be concordant HIV positive while 18 were discordant.

Laikipia County: The project supports 59 HTC sites in the county. In this period, 5,513 individuals were tested, 57% (3,156) of whom were females. Of the number tested, 24.4% (1,346) were through community testing. Similar to the other counties, Laikipia registered a drop in the number of people tested compared to the previous quarter. Of the tested clients, 3.9% (214) tested HIV positive from which 62% (133) were enrolled on care. The project is working with CHW to follow up those not yet enrolled. Among those tested 123 were couples, eight of whom were discordant and three concordant.

During the quarter in review, mentorship was carried out in 16 health facilities where 31 HCWs were mentored on quality HTC using the nationally approved algorithm and 19 HCWs across the county mentored on the new HIV testing protocol. In addition, the project redistributed HIV RTKs, BDS kits and assorted job aids to 27 health facilities. Forty seven HCWs participated in the Proficiency Testing (PT) 12th round and the results are pending, this shows an increment of 5 more HCWs, and 42 HCWs from 15 facilities participated in the 11th round of PT with pass rate increasing from 49% to 59% showing a better outcome though a lot of effort needs to be inputted to achieve the 100% target. Staff who failed have received mentorship from the project technical officer as a remedial action. No stock out of HIV RTKs was reported in the county in the last quarter as the project supported the districts with buffer stocks.

Nakuru County: During the quarter under review, the project supported 186 facilities to provide HTC to 44,416 individuals out of whom 7% (2,971) were tested in the community. There was a 41% drop noted compared to the previous quarter whereby 75,464 individuals were tested. The drop is attributed to the healthcare worker's strike in December and the withdrawal of sessional counselors who had been deployed during the HTC RRI period.

Of those tested, 1,911 individuals tested positive giving a prevalence rate of 4% of whom (1,228) were enrolled into care which is an increase compared to 37% enrolled previous quarter. The project through the JWP supported the hiring of five sessional counselors for three facilities (Elburgon DH, Olenguruone and RVPGH) to enhance HTC through PITC, and also support in linking the positive clients to the CCC for enrollment. The project also supplemented test kits to 21 facilities that had shortages in the county.

The project supported distribution of Round 12 HIV rapid PT panels in the sub counties and MDT conducted mentorship/sensitizations on integration of HTC services across departments in health facilities. Two HTC outreaches were conducted in Kuresoi and Rongai districts, which targeted MARPS and the general population. Of the 377 individuals tested during the outreach, 227 were MARPS, of whom 241 were new testers. Of the new testers, six tested HIV positive.

Narok County: During the quarter the project supported 39 facilities to provide HTC services to 7,505 (65% females) clients of whom 37% (2,803) were tested in the community and 17.6% (1,322) were children below 15 years. The number of individuals tested shows a drop of 46% from the previous quarter. The number diagnosed with HIV was 236 giving a crude prevalence rate of 3.1% and 69% (163) of these were linked to care. Besides the distribution of HIV RTKs from the project buffer stock, mentorship on commodity management was done in 12 facilities.

Community HTC (Subset of HIV counseling and testing above)

Community HIV is testing and counseling includes Home Based Testing and Counseling (HBTC) and integrated mobile VCT (MVCT) as part of a joint Reproductive Health/HIV outreaches and those targeting OVCs in all counties. Moonlight activities were also carried out targeting key populations (sex workers (SW), Men who have sex with Men (MSM) and truck drivers at hotspots within the project area in collaboration with the Health communication team for demand generation. Quality of HTC was emphasized as the services were being offered. Activities undertaken included support supervision by MOH and project staff, debriefing, mentorship, orientations; dissemination and distribution of national guidelines, IEC materials and data tools ensuring adherence to quality standards of service provision.

Baringo County: the project supported HTC activities during World AIDS Day celebrations at various locations in the county. In Marigat key populations such as fisher folks and female sex workers were targeted and offered HTC. Eight community HTC outreaches were conducted in six districts compared to 19 outreaches last quarter. A total of 1,638 (55% female) people (half of whom were first time testers), were counselled, tested and received their test results compared to 6,926 (55% female) the previous quarter. Of those who tested nine were positive and five were linked to care services. The other four were referred for services and are being followed up by CHWs. A total of 40 couples were reached with CHTC services and only one had discordant results.

Kajiado County: During the reporting period, 16 community HTC outreaches were conducted in the county compared to 48 outreaches last quarter reaching 1,300 (53% females) clients compared to 8,188 (48% females) clients the previous quarter. Of those tested, nine tested positive and eight of these have been linked to care services.

Laikipia County: The project supported the MOH to conduct nine community HTC outreaches that reached a total of 1,346 (56% females) individuals compared to 6,544 (54% females) individuals last quarter. Of those reached, 11 (M2; F9) clients tested positive and all were linked to care. Half of those tested were first time testers. There were 52 couples who accessed the services and three were discordant and the affected individuals were linked to care.

Nakuru County: The project supported community HTC at a variety of events such as the United Nations People with Disability day, the World AIDS Day, the National 16 days of gender activism, the National Rugby Tournament and Youth explosion organised by the health communication team aimed at increasing access, knowledge and utilisation of HTC services in the county. Through integration, HTC clients were screened for tuberculosis, sexually transmitted infections and family planning services.

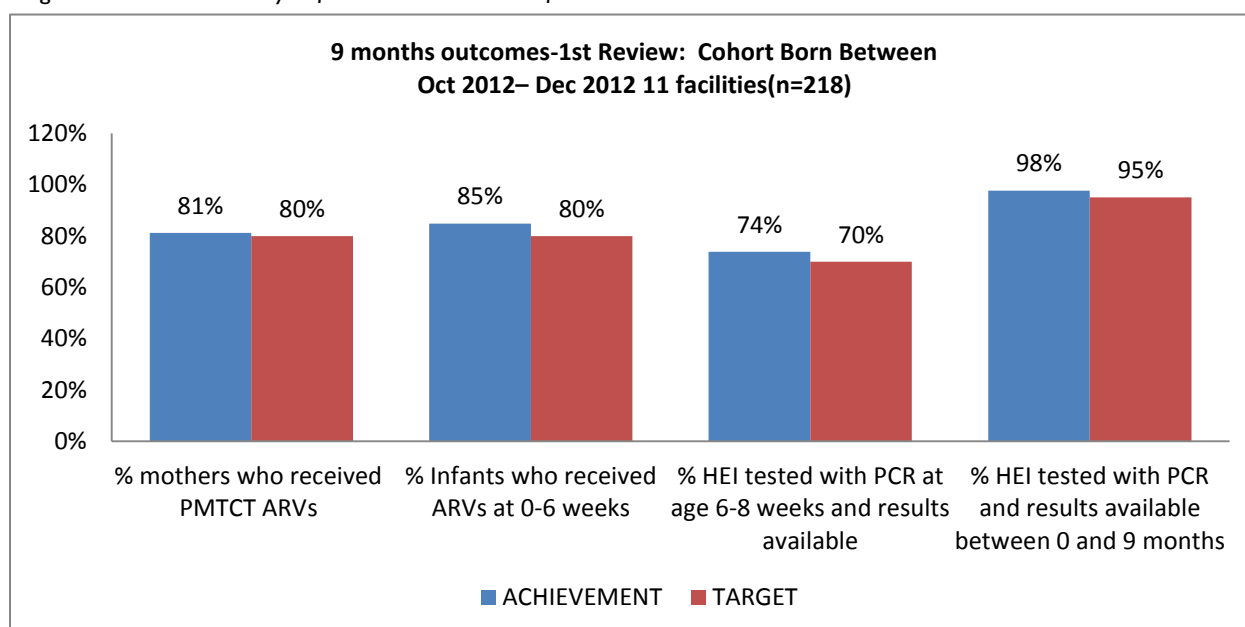
The project supported 23 community HTC outreaches and 2,971 (52% females) clients were counseled, tested and received their test results compared to 19,934 (53% females) individuals the previous quarter. Thirty seven clients tested positive giving a crude prevalence of 1.3% and 36 of them have been linked to care. First time testers comprised 34% of those tested. Eighty nine couples were tested and only one was discordant. In this period some 195 (94% females) individuals from key populations

Narok County: The project supported community outreaches during World AIDS Day. Apart from this a further nine outreaches were conducted in various communities, reaching 2,803 (50% females) about half of whom were first time testers and 20 of those tested were positive. Ten of these individuals were linked to care and the rest are being followed up by CHWs to link them to care. A total of 96 (84% males) MARPS were tested with one female testing positive.

Prevention of Mother to Child Transmission (PMTCT) and Early Infant Diagnosis (EID)

The project supported 420 sites to provide PMTCT services reaching 27,330 pregnant women with counseling and testing compared to 33,964 the previous quarter. The drop is attributed to the HCWs strike during the quarter that hampered service provision. Cumulatively, to the end of this quarter, the project reached 121,930 pregnant women with counseling and testing, which is 111% of the annual target of 109,946. A total of 568 tested HIV-positive giving a prevalence rate of 2.1%. In total, 127% (721) of the positive women were given ARV prophylaxis for PMTCT of HIV. The over 100% figure is attributed to cases of known positives both in ANC and maternity, and recording of commodities dispensed to mothers who forget their ARVs home during delivery, and double recording of clients receiving clients instead of reporting first contact only. The technical team is addressing this through mentorship. In order to strengthen the EID program, the project recruited 26 mentor mothers who were deployed to 24 additional sites. Some delayed reporting due to the HCWs strike, but all are expected to have started working by beginning of next quarter. In addition, 609 EID samples were analyzed from supported sites, of which 49 (8.2%) were positive and 12 samples rejected. Cumulatively, 2,626 DBS for EID samples have been analyzed from January to December 2013. Figure 3 below shows a nine month HEI cohort analysis from 11 supported sites. From the analysis the project achievements are above the national standards for all the indicators and efforts are in place to maintain this performance.

Figure 3: HEI cohort analysis for 11 sites across the five counties



Baringo County: The project continued to support 82 facilities to offer ANC services with an addition of four sites in East Pokot (Nginyang HC, Tangelbei HC, Barpello Disp, AIC Churo Disp and Muktanin Disp) bringing to 74 the number of sites that offer comprehensive PMTCT compared to 52 in quarter three, 21 in quarter two and 16 sites in quarter one. The increase in number of sites was as a result of the decentralization of PMTCT services to further 22 additional facilities following the didactic PMTCT training during the quarter. This was done in conjunction with FUNZO Kenya who supported 10 days PMCT training for 30 HCWs during the quarter. The HCWs trained were selected from the targeted sites across the sub-counties. During the period under review, the project supported integration of PMTCT services in MNCH in Kabarnet and Marigat DHs. The facilities were also supported with cabinets for storage of commodities and files in addition to job aids.

During the quarter under review, 2,372 pregnant women attended first ANC visit and 105.9% (2,512) pregnant women were counseled and tested for HIV. Twenty eight male partners were counseled and tested for HIV and one tested HIV positive and was linked to care. The greater than 100% is due to those tested during subsequent visits after the first visit. Of those tested, 1.1% (27) were positive of whom 96.1% (26) were given ARV prophylaxis. All 100% (27) (mothers received infant (Nevirapine) NVP prophylaxis in ANC a marked improvement in relation to previous quarters where most infants were not issued with prophylaxis.

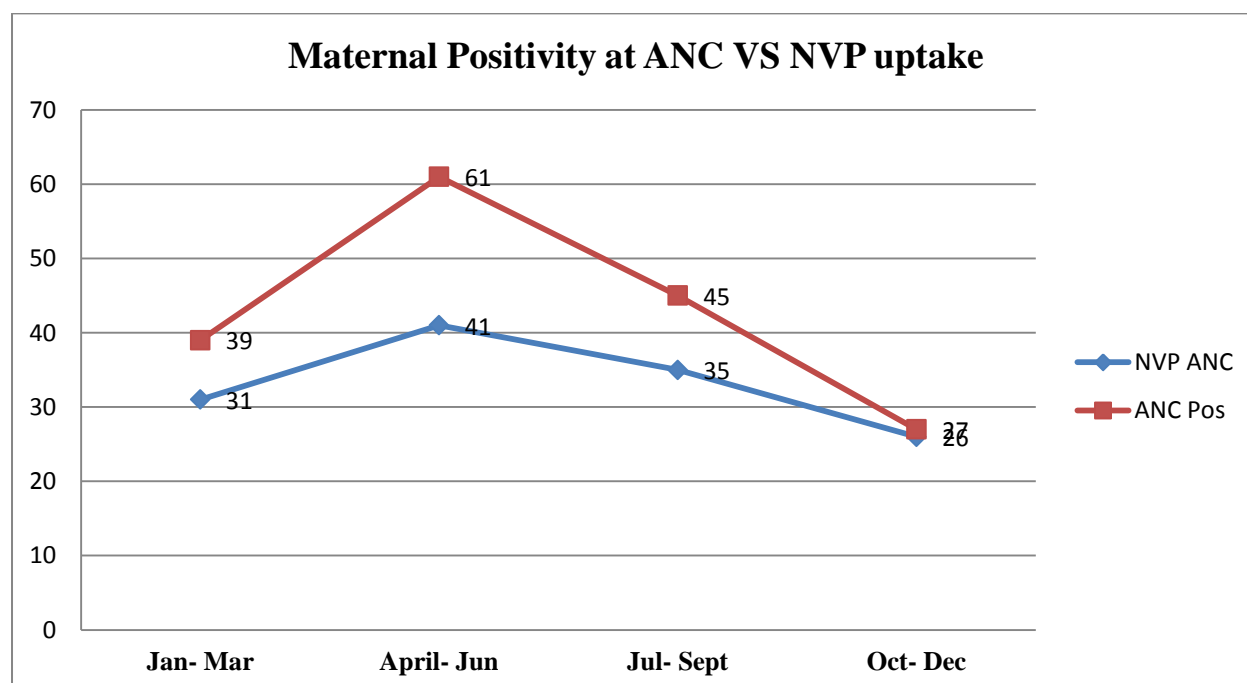


Figure 4: Maternal Positivity at ANC VS NVP uptake

There has been a reduction in the proportion of positive mothers not receiving prophylaxis at ANC as shown in the narrowing as shown in Figure 4 above. This is attributed to the continuous clinical mentorship, on job training and decentralization of PMCT services thus improving access.

In maternity, a total of 1,123 were counseled and tested for HIV of whom three (0.3%) tested HIV positive. A total of 18 mothers were given ARV prophylaxis in maternity. The excess of 15 mothers is due to known positives coming to deliver and mothers who forgot prophylaxis at home that they had received during ANC. A total of 31 HIV positive mothers delivered during the quarter while 26 babies received infant NVP prophylaxis in maternity. The remaining five also received prophylaxis that their mother's came with to the maternity.

A total of 35 DBS results were received having been analyzed by the central reference laboratory for the period under review of which two were positive, giving a positivity rate of 5.9%. One of the children has since been started on HAART while efforts are on-going to get the second baby onto treatment.

Kajiado County: The County has 85 project-supported facilities providing PMTCT. A total of 11 HCWs from nine health facilities were mentored on PMTCT guidelines focusing on implementation of option-B plus as the preferred prophylactic intervention. In addition, PMTCT job-aids were distributed and one CME on PMTCT updates conducted at Kitengela HC reaching 26 HCWs. Five additional phones and airtime were provided to the MCH at Oloitokitok DH, Ngong SDH, Isinya HC, Ongata Rongai HC and Namanga HC to aid in tracking mother-baby pairs in the PMTCT program.

During the quarter, 107% (4,568) pregnant mothers out of 4,252 who made their first ANC visits were counseled and tested for HIV. Out of the tested, 2% (83) turned HIV positive and 92% (76) of the HIV positive pregnant mothers were started on ARVs for PMTCT. In maternity 810 mothers were tested for HIV out of whom 3% (23) tested positive. In total, those diagnosed with HIV at ANC and maternity were 106, 48% (51) of whom were enrolled on care at the same facility. The HCW continue to encourage those not enrolled to do so in the next quarter.

During this quarter, a total of 141 eligible DBS for EID were analyzed from 15 supported sites and of these 9 (6.3%) turned positive compared to the previous quarter which had a positivity rate of 6.7%. Out of the nine children confirmed HIV positive, two were enrolled to care, one died, one mother from Isinya HC is still in denial but currently undergoing counselling while four are still being traced. Contact details are missing for one of the mothers whose child turned positive.

Laikipia County: The project-supported facilities offering PMTCT services in Laikipia County are 55. Fifty two HCWs were mentored and job aids distributed to 50 supported health facilities. Two HCWs at Nanyuki TRH were trained on KMMP to support and roll down the program in the facility and were supported for a one day sensitization to give feedback to 13 staff.

In total 1,922 mothers attended their first ANC visit; 2,121 were counseled and tested for HIV and 0.1% (22) were positive. In maternity, 376 mothers were tested of whom 3.7% (14) tested HIV positive and 17 given prophylaxis. In this period, 13 facilities, up from eight in the previous quarter sent a total of 50 DBS for early infant diagnosis, no sample was rejected this quarter which is an indication of the quality of mentorship is reflected in the reduced number of sample that are rejected due to improper processing and in this quarter there was no rejection. Five out of the 50 infants screened were diagnosed with HIV of whom three have been started on ART while one died and the other is being traced.

PMTCT psycho-social support groups established last quarter at Nanyuki, Ndindika and Rumuruti with the support of the project are participating in HIV stigma reduction strategies and members are involved in tracing their peers. Of the 22 that tested positive in the ANC, 18 received ARV prophylaxis while 17 got nevirapine at maternity.

Nakuru County: the county has 158 PMTCT sites with 21 sites offering the MCH model of care and the rest are in various stages of preparation to adopt the comprehensive model of care. Thirty of these facilities were visited for mentorship on PMTCT and data for decision making and visible display of health outputs/outcomes; with a total of 80 health care providers reached. The mentorship focused on gaps identified during the TQA process and RH assessments carried out during the previous quarter. Orientation and sensitization relating to PMTCT were carried out to improve the skills and knowledge of HCWs thus provision of quality services. A total of 12 CMEs reaching 164 HCWs in eight facilities within the county were supported focusing on technical areas and documentation (interpretation of indicators for data capture and reporting). An orientation was also done for Molo District on eMTCT where 25 HCWs were reached. The team continued supporting facilities with job aids and IEC materials and carrying out mentorship on the same. The project also supported formation/strengthening of support groups in 10 health facilities in the county. Mentor mothers were deployed to 10 more facilities to support uptake of PMTCT services and follow up of mother/baby pairs.

During the reporting period, a total of 9,703 clients attended 1st ANC visit. Through in ANC and maternity 12,280 clients were counseled and tested for HIV, of whom 335 tested HIV positive, giving a sero-prevalence of 2.7%. A total of 461 (137.6%) clients received maternal ARV prophylaxis. During the quarter 316 DBS were sent to PCR Laboratory hub at WRP-Kericho. Of these 23 were positive; translating into a transmission rate of 7.4%. The project has been carrying out health education targeting pregnant mothers to attend ANC for early intervention. Follow-up and linkage to care for positive infants has been on-going. Eighteen of these babies have been put on treatment with the remaining five being traced to put them on treatment.

Narok County: The County has 40 facilities offering PMTCT services. The project mentors provided mentorship on PMTCT/MCH integration and use of national EID data base to track HIV-exposed infants. During the quarter, an additional four facilities (Olorite dispensary, Mulot HC, Mulot Catholic dispensary and Baraka HC) started offering prophylactic ARVs after they were oriented on commodity management and the national PMTCT guidelines. Jointly with other USG partners (WRP) the project supported the establishment of a county eMTCT task force and a two day sensitization of bottle neck analysis which is aimed at promoting evidence-based planning and implementation of the eMTCT program.

In total 2,471 mothers attended their first ANC visit; 2,595 were counseled and tested for HIV at the ANC and 35 (1.3%) had positive results. A total of 47 HIV positive women received ARV prophylaxis at the ANC - this number includes some women who were known positive but not on ARVs. In addition 30 mothers were issued with infant prophylaxis. In maternity, 871 mothers were tested, 23 (2.6%) of whom tested HIV positive and all received prophylaxis. Fifty-two DBS for EID were analyzed this quarter from ten supported EID sites. Of these five (9.6%) turned positive and three of those five children diagnosed with HIV were started on life-long ARV treatment while the other two are being traced so to ensure all are started on treatment as per the national guidelines. The county has recorded a tremendous decrease in transmission rate from 14.3% in 2012 to 9.6% currently, although poor access

and low utilization of ANC services continues to be a major impediment to eMTCT and a key contributor to the high transmission rate. The project and other health stakeholders in the county through the eMTCT task force are developing strategies to lower transmission rates to below 5% by 2015.

HIV Care and Treatment

The project supported 104 ART sites with a total of 23,176 clients (9.6% children) currently on ART against an annual target of 25,150 clients. In this reporting period, 2,008 clients were enrolled into care and 1,183 started on ART. Mentorship of HCWs continued and focused on strengthening linkages between HIV testing and enrollment into care; transition of eligible patients from care to ARV treatment, retention strategies such as adherence counseling and linkage to support groups and use of virologic monitoring of response to ART and early detection of treatment failure. Detailed results for the counties are presented below:

Baringo County: The project supported 24 ART sites with a total of 1,595 clients currently on ART. In this period 135 clients were enrolled into care and 106 patients were newly enrolled initiated on treatment giving a cumulative care and treatment numbers as 6,613 and 3,804 respectively. Out of the 1,595 clients on ART, 1558 are on first line ART and 53 on 2nd line ART distributed as follow; 20 clients in Kabarnet DH, 20 clients in Eldama Ravine DH; 12 clients in Marigat DH and one in Kabartonjo DH. The one-year retention on ART for 10 facilities monitored is 68% for the October –December 2012, compared to 68.4% monitored from five facilities in the third quarter for Jul- Sept 2012 cohort. In order to improve retention, one adult psychosocial group was revived during the quarter and 168 clients received the thirteen PwP messages during clinic days, to ensure progress towards retention of over 80% of patients who start ARV treatment.

During the quarter, 43 defaulters were identified from selected sites. Of these, 19 were contacted, 11 returned to care, while quite a large number has still not reached due to a variety of reasons such as: lack of network connectivity, lack of phone contact/wrong contacts and no response.

During the quarter, 30 HCWs from select sites across the county were trained on Adult ART to enhance the knowledge and skill through FUNZO Kenya. The trainees will be followed up in the subsequent quarter with continued mentorship and OJT to sustain the knowledge gaps and bring more HCWs to better handle patients on treatment. Besides this, the team continued with clinical mentorship focusing on strengthening linkages between HIV testing, enrollment on care and retention strategies such as adherence counseling and linkage to support groups; clinical care and prompt viral load/CD4 monitoring for those on treatment/care in order to transition from care to ART for those meeting the eligibility criteria as per the national guidelines.

In addition, renovations at the CCC to improve service delivery are currently ongoing at Eldama Ravine DH.

Kajiado County: The project supports 17 ART facilities serving 3,726 patients currently on ART of whom 364 (9.8%) are children. The project promotes testing of children through all the entry points and use of family testing approach so as to increase the number of children diagnosed and linked to care. Integration of PMTCT in MCH and active follow up of the positive HEI is one of the strategies to increase the number of children in the system. In this period, 564 patients were newly diagnosed with HIV and 349 (62%) of them were enrolled

into care. Out of the 34 positive children, 26 (76.5%) were effectively linked to care. Out of the patients on care, 267 patients met the eligibility criteria for initiation of ARVs and 209 (78%) were started on treatment. The remaining 58 were undergoing adherence counseling and support and are expected to be started in early January. The project is focusing the attention of the mentorship teams to address the slow transition from care to ART. To this end, the facilities have been mentored to flag out patients with CD4 counts less than 500 for initiation to treatment. Mentorship and On-job training on viral load testing was also conducted in eight facilities. Additionally, five facilities were supported to send 224 viral load samples to KEMRI for analysis an improvement from the last quarters' 27 samples. Out of these, 29 have been processed and results sent back to the facilities. Those whose results suggest failure will have repeat tests at three months and then if confirmed will be started on second line therapy.

A cohort analysis of the 186 patients started on ARVs one year ago showed that 156 (84%) were retained on treatment at 12 months, 28 (15%) were lost to follow up, 1 (0.5%) were dead, while 1 (0.5%) stopped treatment. Over time, the one-year retention rate has increased from a low of 69% to 84% owing to the adherence counseling and defaulter tracing measures put in place. A summary of defaulter tracking outcomes from nine facilities showed that out of the 864 that missed their appointment, 476 were contacted out of whom 431 (91%) returned to the facilities, 22 of them had self-transferred, 2 were dead, 15 were rebooked and 6 were unable to be reached using the available contact information.

Laikipia County: The project supports 12 ART sites in the county. In this period, all the sites were visited for mentorship reaching 52 HCWS. Following last quarters' CME on screening of cardiovascular diseases, five facilities (Nanyuki TRH, Ndindika HC, Rumuruti SDH, Oljabet HC & St. Joseph Catholic dispensary) have incorporated CVD screening as one of the standards of care for PLHIV.

A total of 214 clients were diagnosed with HIV and among them 142 patients (66%) were enrolled into care, 8% (10) through PMTCT, 55% (72) through VCT, 5% (7) through TB clinic, 8% (10) through IPD, 6 5% (6) through CWC, 27 (20%) through outpatient PITC. In this quarter, 105 patients (93 adults and 12 children) were started on ARVs. Currently the number of patients on ART is 2570. A one-year cohort analysis of 83 patients starting ART between October & December 2012 in four high volume clinics was analyzed with the following results; 68 82%(68) were still active on ART in their primary sites, 13% (11) lost to follow up, and four (5%) died. Defaulter tracing was supported at all the ART sites and of the 99 patients who were contacted the following were the outcomes: 59% (59) returned to care, six were dead, six stopped treatment, 15 had transferred out and 13 could not be traced. Follow-up of those not reached continues through engagement of CHWs to trace them physically.

In this period 1,014 CD4 samples and 30 viral loads were analyzed. Cumulatively in 2013, 154 viral load samples from nine facilities were processed and 37 patients diagnosed with virologic failure. Of those diagnosed with ARV treatment failure two have already been transitioned to 2nd line while 35 are awaiting confirmatory viral load results as they undergo adherence counseling and support.

Nakuru County: The County has 38 ART sites. A total of 1,228 patients were newly enrolled into care after testing positive. Of these 655 were initiated on ARV treatment during the quarter representing a cumulative achievement of 24,893 of the year three target of

25,055. 395 clients were eligible for ART but were not started on treatment because of various reasons including missed appointments, not completed adherence counselling sessions and the nationwide HCWs strike. There are 14,217 patients currently on ART representing 90% of the yearly target of 15,755 while 17,465 are on cotrimoxazole prophylaxis. Children comprise 10% (1,365) of the clients currently on ART and 10% (1,663) of those on cotrimoxazole .

Seventy one HCWs at 29 facilities were mentored in the following areas,; data recording and reporting indicators, TB/HIV integration, paediatric HIV management, inter-facility linkage and treatment of opportunistic infections, transitioning of patients from care into treatment, patient monitoring, treatment failure and 2nd line regimen that led to initiation of 13 clients on 2nd line in Njoro HC. The team also supported orientations covering different technical areas like nutritional assessment and IMAM, TB, the revised ART guidelines, PwP, in six facilities within the county, reaching 182 HCWs. In addition, 40 HCWs were oriented on use of MoH 257. CMEs were also conducted in three facilities during the reporting period attended by 48 HCWs.

ART retention at one year for - high volume facilities monitored was 77% for the quarter. Intensified psychosocial assessment, patient empowerment through health talks, adherence preparation and counseling as well as active defaulter tracing are some of the mechanisms put in place to ensure retention of over 80% of patients who start ARV treatment.

Defaulter tracing activities continued across the supported facilities in nine districts. 67% (574)clients out of 851 were reached through the phone and 443 defaulters returned back to the clinics representing 52% of the total defaulters. The figure 5 below shows the defaulter tracing outcomes from five supported sites.

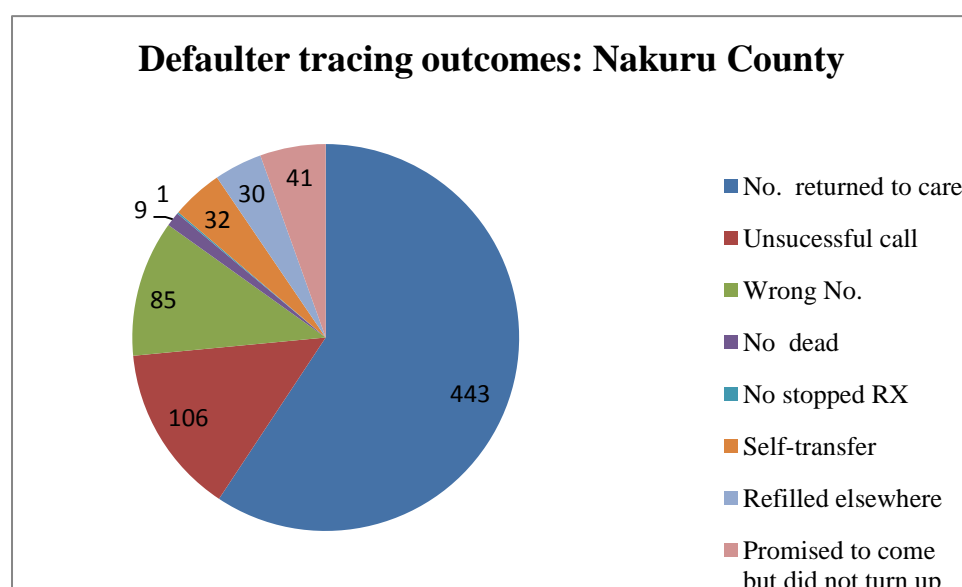


Figure 5: Defaulter tracing outcomes from 5 sites in Nakuru

Narok County: The project supports 13 ART sites in the county. An additional seven other sites were supported to start ART services - Olorte dispensary, Ilaiser dispensary, Kojong'a dispensary, Mulot HC , Mulot Catholic dispensary, Naisoya dispensary and Olmekenyu dispensary. A total of 105 clients were newly initiated on treatment in the reporting period. Currently, there are 1,068 patients on ART of whom 11% (118) are children. In this quarter,

236 patients were diagnosed with HIV and 163 (69% of total positive) were newly enrolled into care. During the quarter, 109 patients were eligible for ART and 105 of them were started on ART. There has been a remarkable improvement in transitioning those eligible to ART. However, the project continues to address the gaps in linkage between testing and care.

Patient retention on ART was assessed by cohort analysis and the outcome of the analysis one-year cohort of 70 patients who started ART was as follows: still active on ART- 56% (39), lost to follow-up – 36% (25), dead- 7% (5) and one (1%) stopped treatment. Through the defaulter tracing mechanisms supported by the project, 101 of the 118 defaulters were contacted; of whom 86 returned to care, one transferred out to other facilities, 13 are still being followed up and 18 could not be reached.

Laboratory Strengthening

During the quarter under review, a joint baseline assessment between APhIAplus Nuru Ya Bonde, CHAI and the County Medical Laboratory Coordinator was done in Subukia HC for installation of the PIMA POC CD4 equipment to improve analysis of CD4 samples. In order to improve the online RTK commodity reporting, the project supported DMLTs in Nakuru and Laikipia County to purchase modems and data bundles. The DMLTs have started reporting using the commodity online reporting tool.

Baringo County: In this quarter, 13 laboratories were visited to address gaps identified from the TQA and enhance quality issues for service improvement. Twenty two HCWs from Baringo North were oriented on biosafety and infection prevention and 18 on good phlebotomy techniques/practices at Eldama Ravine DH. Thirty four HCWs from facilities drawn from the six districts were mentored on management of lab commodities using the FCDRR to address the commodity stock out, HTC testing protocol to enhance quality, scaling up of HTC services in the identified facilities and on SOP revision for various lab tests procedures.

Proficiency HIV testing (PT) has become one key quality monitoring tool for HTC services and Baringo County has stepped up the efforts to scale up enrollments and enhance quality to assure clients of the intended outcome. During the quarter, 59% of the 42 individual testers passed compared to 49% of the 35 individual testers. A remedial orientation attended by 76 HCWs from 52 facilities was conducted to address this situation.

Mentorship at Kabarnet DH on the operation of the PARTEC CD4 machine continued. A CD4 IQA Inter-lab meeting was held at the Walter Reed program in Kericho to chart the way forward on commencing of the program by November 2013; however, this was hampered by CD4 reagents stock out across the central processing Labs and the nationwide health workers strike. Eldama Ravine DH laboratory continued participating in hematology, microbiology, parasitology, TB and HIV External Quality Assurance (EQA), which is sponsored by AMREF and NHRL respectively.

The project has continued to support laboratory sample networking with samples being taken to either AMPATH or Nakuru PGH and also the facilitation of laboratory commodities at national supplies agency KEMSA. During this quarter, four districts (Baringo Central, Koibatek, Marigat and Mogotio) were supported with buffer stock of 800 pieces of stabilizer tubes and six facilities received DBS kits. Photocopying of the reporting tool was also supported to curb the shortage experienced at the national level; this has worked well as no facility has lacked the reporting tool hence timely reporting has been realized.

A total of 445 CD4, 13 viral loads were collected and shipped to central laboratory hubs for analysis and 11 results were received with one indicating virological failure during the quarter. In this quarter, no EID sample or viral load sample was rejected due to continued mentorship and on job training on DBS sample collection. The team distributed 119 job aids to 13 Laboratories and has continued to conducted mentorship on the same.

Kajiado County: During the reporting period, laboratory staff in the three CD4 testing hubs (Ngong SDH, Oloitokitok DH and Kajiado DH) were mentored on commodity management and seven staff at Isinya and Ngong SDH were mentored on EID and viral load sample collection and packaging to maintain sample integrity. Currently, 12 labs are participating in TB microscopy EQA and the NHRL HIV EQA scheme and all of them performed satisfactorily.

The project supported distribution of HIV RTKs, stabilizer tubes and filter papers to facilities in need. A total of 1,116 CD4 specimens were analyzed within the quarter. During the reporting quarter, three additional SMS printers were installed in Kimana, Isinya & St. Theresa dispensary to improve the turnaround time for EID results.

Laikipia County: Mentorship on DBS for adult viral load collection and HTC algorithm was carried out in three facilities reaching 15 staff. A total of 18 facilities participated in the TB EQA with Nanyuki DH participating in the CD4, hematology and clinical chemistry EQA. A total of 1,014 CD4s, 50 DBS for EID and 30 viral loads were analyzed during the quarter.

The project facilitated deployment of online reporting for HIV RTKs where the DMLTs in the five districts were provided with modems and airtime. Utilization of the online commodity reporting tool has resulted in improvement in timeliness of reporting rates in the county. A total of 3,200 RTKs were redistributed in Laikipia East and Nyahururu districts. Following the installation of Partec Cyflow CD4 machine at Rumuruti, the project facilitated establishment of a CD4 network for facilities in Laikipia West which currently ship specimens to Rumuruti DH thereby easing the congestion at Nanyuki and Nyahururu hospitals.

Nakuru County: The project supported one orientation for private providers on commodity management attended by 25 HCWs. In total 30 HCWs at 10 facilities were mentored on EID, viral load sample collection and transportation, commodity management, and SOP writing. Naivasha DH and Oserian HC was supported to develop laboratory SOPs. Additionally, the project produced and distributed laboratory job aids to four facilities. The project supported in distributing Round 12 HIV rapid PT panels in the sub counties. Three laboratories (Naivasha DH, Molo DH, and PGH Nakuru) are participating in EQA for hematology, clinical chemistry and CD4; 61 laboratories from the county are participating in TB microscopy EQA, while PGH Nakuru and Naivasha DH laboratories are still undergoing the WHO Strengthening Laboratory Management toward Accreditation (SLMTA) stepwise accreditation process.

The project supported shipment of 2,671 CD4 samples from nine districts to the central CD4 testing hub for analysis. CD4 testing was low during this reporting period due to stock out of BD reagents in two laboratory hubs i.e., PGH Nakuru and Naivasha DH. In the reporting period, viral load testing through laboratory networking was rolled out to two additional sites in the county (Kabazi Health Centre and Finlay's Hospital), and 260 viral load samples were

transported for analysis. Two hundred and five samples had viral loads of less than 1,000 copies. These results were used to guide the further management of these patients.

In-conjunction with CHAI a one-day demonstration of the HIV rapid test kits online commodity-reporting tool was done for 7 SCMLTs and the County Medical Laboratory Coordinator which when implemented will help in improving commodity reporting rates.

Narok County: Jointly with the SCMLT Narok North, the project conducted on-job training and sensitization of three staff at Sakutiek HC on TB microscopy. A total of 11 laboratory staff at four facilities were mentored on, collection of DBS for EID, CD4 and viral load sample collection and processing so as to maintain sample integrity and ensure no sample is rejected at the testing laboratories. All 11 labs participating in TB Microscopy EQA and the NHRL HIV EQA scheme had a satisfactory performance. Sakutiek HC has been mentored and plans have been put in place for the facility to participate in the EQA.

During the quarter, 589 CD4 samples were received and analyzed at Narok District Hospital laboratory while 81 viral load samples were analyzed. Together with the SCHMT, Sakutiek HC was mentored in preparation for TB microscopy initiation. Currently, 11 labs are participating in TB Microscopy EQA and the NHRL HIV EQA scheme; all the 11 facilities had a satisfactory performance. Laboratory FCDRR reporting rate for Narok north was 79% and 63% for Narok south. This low reporting rate will be the focus of the laboratory mentorship in the subsequent quarters as the project targets to achieve 100% reporting rate for all the facilities.

Pharmacy Support

Baringo County: The project maintained the focus on management of ART commodities and adherence to national guidelines on health commodity management at the facility level. During the quarter, a total of nine HCWs from five HFs were mentored on commodity management; pharmacy reporting, forecasting and quantification of ART and OI drugs, Pharmacovigilance and inventory management tools. The project supported installation of the ADT tool in Kimalel HC and conducted mentorship on how to use ADT in Kabarnet District Hospital and Kimalel HC and facilitated distribution of buffer stocks to Tenges HC. The four central sites and one standalone site had 100% reporting rates to the national supply chain and there was no ART drug shortage in the county.

During the quarter, APHIAplus project in collaboration with ART supply agency, Kenyapharma, did joint monitoring of tracer drugs with the aim of avoiding excess stocks or under stocks and joint field visit to Tangelbei HC following up on ART decentralization. The monitoring visit resulted in redistribution of Nevirapine suspension from Kabarnet DH which had short expiry date and were in excess.

Kajiado County: Within the quarter, 25 HCWs from 15 facilities were mentored on commodity management and pharmacovigilance reporting. In addition, 16 HCWs drawn from private facilities participated in a two-day orientation on management of health commodities with a focus on ART, lab, EPI and FP commodities. To avert the problem of drug expiry in facilities, the project supported re-distribution of essential medicines and ARV drugs from facilities which were not consuming as much to those in need within Kajiado North sub-county. Besides redistribution, staff were mentored on proper quantification and

requisition of commodities using health service statistics and on use of the expiry tracking charts.

Three facilities were supplied with pharmacy job aids and reporting tools (fCDRR and fMAPS and DARs). The project supported Medicines & therapeutics meetings (MTC) at Ngong Sub-DH, the team charged with institutional pharmacovigilance and monitoring of medication errors.

Laikipia County: Jointly with the district pharmacists and the pharmacy and poisons board, the project supported two sensitizations on pharmacovigilance and commodity management at Nanyuki TRH where 23 HCWs were reached and charged with the responsibility of reporting on pharmacovigilance. To further support pharmacovigilance, two MTC meetings were supported at Rumuruti and Nanyuki hospitals. During the quarter, all the twelve ART sites reported using both facility monthly ARV patients' summary (fMAPS) and FCDRR. Owing to the joint mentorship with the district pharmacists and the pharmaceutical facilitators, there has been no incidence of ARV drug stock out in the county this year.

The project supported distribution of commodities from Rumuruti central site to facilities in Laikipia West. Mentorship on use of ARV dispensing tool was done at St. Joseph Catholic dispensary where the tool was installed last quarter and data entry completed this reporting period. Further, the ADT tool was installed at Lamuria dispensary and the staff oriented on its use. So far data entry is halfway.

Nakuru County: During the reporting period, seven facilities were mentored on quantification of drugs. Six facilities were assisted in redistribution of drugs including the PMTCT starter packs. Realignment of the satellite sites was done i.e., Upper Solai HC was realigned to collect drugs from Bahati DH instead of Nakuru Central.

Due to stock out of PMTCT commodities in Molo and Kuresoi districts, redistribution was done and this was due to reliance on one central site serving three districts. The mentorship team worked with the SCHMTs in the concerned districts and agreed to have a central store/site at Kuresoi to meanwhile serve the region so as to have easy access to the commodities.

Narok County: Together with the district pharmacist, the project distributed pharmacy reporting tools (DAR, FMAPs and FCDRR) and mentored eight HCWs in four facilities (Majimoto, Baraka, Ngoswani and Mulot HC) as preparation for ART decentralization to increase access in the county.

Partitioning of the pharmacy store at Ololulunga DH was completed within the quarter as a step towards the upgrading the facility to a central site serving Narok South Sub-county. It is expected that Ololulunga DH will receive supplies in the first quarter of 2014 after the county Pharmacist completes the requisite processes with NASCOP.

3.1.8 Increased availability of malaria prevention and treatment services (IPT, ITNs, ACTs and RDTs)

The project teams continued to monitor use of RDTs during routine site visits in the supported counties.

3.1.9 Increased availability of screening and treatment for TB

During the reporting period, 1,362 TB cases were detected of which 1,110 (81%) were tested for HIV with 420 testing positive, giving a TB/HIV co-infection rate of 38%. A total of 446 TB/HIV co-infected patients were started on co-trimoxazole, the extra 26 patients being the patients that had a known HIV status at the point of TB diagnosis but were not on co-trimoxazole prophylaxis. Using the TQA approach, a number of gaps were identified in TB/HIV integration and were addressed through mentorship. In order to fully realize the benefits of treatment as a prevention measure, all the project mentorship team provided targeted mentorship addressing timely initiation of ART among the co-infected patients. Detailed results from various counties are presented below:

Baringo County: The county has a total of 91 TB treatment sites of which 31 (34.0%) sites are TB diagnostic sites. During the reporting period, 104 TB cases were detected compared to 91 case detected in the previous quarter, of which 77 (74.0%) were tested for HIV. Of these, 19 (24.6%) tested HIV positive and 14 (73.7%) clients were started on co-trimoxazole while 15 (78.9%) clients started on ART. INH prophylaxis is a key initiative that is planned for roll out this quarter for under-fives and eligible children.

Kajiado County: Mentorship on TB-HIV collaboration focused on intensified case finding, immediate initiation of treatment and integration at the 17 ART sites. A total of 363 TB cases were detected this quarter in the county. From a sample of 12 high volume facilities (Oloitokitok DH, Kimana HC, Kitengela HC, Masimba HC, Ngong Sub-DH, Kajiado DH, Entasopia HC, Embulbul Disp, Entarara HC Rombo and Isinya HC) 256 TB cases were detected. Of these 227 (89%) were tested for HIV with 89 (39%) HIV positive and 77 (87%) started on ART. Mentorship of the HCWs is ongoing to ensure that all TB patients are tested for HIV and the positive ones started on ART within 2-8 weeks so as to reduce morbidity and mortality associated with TB and HIV.

Laikipia County: Mentorship, OJT and sensitization of HCWs on TB screening, diagnosis and treatment was conducted reaching 27 HCWs. All the 54 cases of TB that were detected from four high-volume facilities were tested for HIV of which 21 (39%) tested positive, and 19 (90%) were started on ART. Mentorship continues in all the facilities to ensure full integration of TB/HIV services and increase case detection, and the proportion of co-infected patients that are enrolled on ART.

Nakuru County: The project supported an orientation on the new TB guidelines and integration of TB screening in ANC and HEI in Molo DH and Rongai HC respectively. During the reporting period, a total of 627 TB cases were detected of which 570 (91%) were tested for HIV. Of these, 232 (41%) were HIV positive and 269 (116%) persons were started on co-trimoxazole. The variance is due to the known positive who were started on co-trimoxazole within the quarter. TB/HIV integration has improved greatly with many major sites embracing the idea of having one clinic day for the co-infected clients. The collaborative activities and TQAs conducted previously have enabled the mentorship team to address identified gaps promptly through mentorship, CMEs/updates and provision of job aids. TB screening among women attending ANC and patients in HIV care clinic has been intensified.

Narok County: During the quarter under review, 18 HCWs from nine facilities were mentored on intensified TB case finding and management of TB/HIV co-infection. From four of the facilities, 82 patients were diagnosed with TB, 80 (98%) were tested for HIV. Of these, 18 were newly diagnosed with HIV giving a co-infection rate of 34%. All the 18 TB-HIV co-

infected patients were started on ART which was an improvement from last quarter's 88%. Integration of TB-HIV services in the chest clinic has shown remarkable progress towards putting the co-infected patients on ART within two months of diagnosis. Since this is a scientifically proven prevention strategy (treatment as prevention), the project aims at scaling up access to ART in line with the existing TB treatment centres.

3.1.10 Increased availability of family planning services in public, private sector facilities and communities

The RH team continued with mentorship activities across the counties focusing on gaps that had been identified during the TQA and RH assessments. In order to address the identified gaps, the project strengthened integration of services so as to increase access of services by the clients since there were several missed opportunities at the sites. In total, 9,119 clients accessed integrated services during the reporting period. The RH technical team held sensitizations/orientation in all the counties, reaching 46 facilities and 148 HCWs. Following this, 78 facilities are now offering RH/HIV integrated services at different levels, 66 facilities offering CaCx screening, 13 facilities having integrated the services in CCC and eight facilities are offering cryotherapy services. The team also disseminated national FP job aids, SOPs and cervical cancer screening guidelines to 73 facilities.

In the quarter, the project reached 59,226 FP clients achieving a Couple Year of Protection (CYP) of 29,756 and bringing the total CYP for the year 2013 to 126,303 having provided 276,061 persons with FP services. New FP clients comprised 57% of the clientele compared to 30% in previous quarter.

Baringo County: The project continued to support 95 FP sites in five of the six districts. During the MNCH assessment conducted in six facilities, the gaps identified included: low HCWs knowledge and skills, lack of commodities, supplies and equipment, minimal integration of RH/HIV services, inadequate reference materials and inaccurate/inconsistent documentation in the recording and reporting tools. The project provided supported to address this gaps through CMEs, orientations, OJT, sensitizations and distribution of job aids and IEC materials. In addition, the project strengthened integration of reproductive health and HIV services to increase service uptake. Distribution of job aids and mentorship on the same was done in 33 supported facilities. These included: IP (Infection Prevention) in FP flow charts, FP checklists, MEC (Medical Eligibility Criteria) wheels, TIAHRT charts, FP handbooks, pregnancy check list, FP guidelines, M4RH (Mobile phone for Reproductive Health) posters and waste segregation flow charts. A total of 29 HCWs in 21 facilities were mentored on: commodity management, FP/HIV services integration, Infection prevention and control, documentation in data tools and on MEC.

In order to increase the uptake of FP services, the project continued to support provision of FP during monthly outreaches, self-directed learning through the use of reference materials and community strategy through CHWs involvement and service provision at household/community level.

The project supported two CMEs on use of the TIARHT chart for 11 HCWs and LAPM for 18 HCWs. During the quarter under review, a total of 5,478 clients were reached with FP services (New-1,622 revisits-3,856) translating to 2,114 CYPs. There is still low uptake of LAPM (Long Acting and Permanent Methods) which were only provided to 284 clients (5.2%).

Kajiado County: The project supports 98 facilities to offer FP services in the county. A total of 9,675 clients were reached with FP services contributing to a CYP of 4,131, this was lower than last quarters' performance of 6,007.

A total of nine HCWs were mentored during the quarter on a variety of issues in five health facilities; Vicodec, Wama Nursing Home, Matasia Nursing Home, Ongata HC and Sinai HC. Job aids were also distributed to nine health facilities.

This quarter, a total of eight health facilities offered CaCx screening services reaching 115 women all of whom had normal cervixes and 56 of them were counselled and tested for HIV and turned negative. Out of the 26 trained CHWs on FP module, an average of 19 reported this quarter having reached 157 women of reproductive age with FP services as shown in Table 1 below.

Table 1: CBD Results From Sajiloni CU

	Sajiloni CU (Kajiado Central)			
Indicator	Oct	Nov	Dec	Totals
Progestin only pills clients (Microlut)	2 cycle	0 cycles	2 cycles	4 cycles
Combined oral contraceptive clients	1 cycles	0 cycles	3 cycles	4 cycles
Male condom clients	100	40	25	165
Female condom clients	0	0	0	0
Cycle Beads	0	0	0	0
Total reached with FP services	54	81	22	157
Total number of CHWs reported	23	18	18	

Laikipia County: The project supports 59 health facilities to provide quality RH/FP services. A total of 7,820 clients accessed RH and FP services contributing to a CYP of 2,702. Mentorship was provided to 26 HCWs in 18 facilities on different FP methods. To improve on FP uptake among Catholic Faith-Based Organizations (FBOs), 16 cycle beads were provided to Ng'arua and Sipili Catholic dispensaries followed by an orientation for the providers.

In this quarter, there was an adequate supply of FP commodities save for progesterone-only pills (POPs) which was only available at Nanyuki DH. The demand generation mobile FP service, M4RH was rolled down to three CUs (Oljabet, Ngarua and Lokusero), and 13 peer educators were provided with M4RH cards and posters to promote community awareness on FP. A total of 42 HCWs from 25 health facilities were mentored on various methods of FP methods to ensure clients are given adequate information before choosing a particular method.

Nakuru County: The county has 186 sites supported to offer FP methods. Most of the health facilities are offering basic essential obstetric care except PGH Nakuru, Molo DH, Olenguruone SDH and Naivasha DH that have facilities and expertise for comprehensive essential obstetric care. In the county, 14 health facilities are equipped for voluntary surgical

contraception. However, uptake of LAPM FP methods is low due to socio-cultural dynamics. Most health facilities' have inadequacy of equipment (IUCD & Implant insertion and removal kits) and supplies for these methods and lack providers who are trained to perform procedures such as bilateral tubal ligation and No Scalpel vasectomy. To improve service uptake, intensive RH/HIV integration sensitization was done by the team. Of the 176 supported health facilities; 29 now have integrated FP services and six have integrated FP & CaCx screening services in CCC. During the reporting period, 4,284 clients were offered integrated services up from 5,136 last quarter.

Through mentorship and OJT, the skills and knowledge of health providers are being improved to offer LAPM. The MDT team visited one facility for mentorship on LAPM FP methods provision and a total of 30 HCWs were reached. Two CMEs were supported on LAPM with 15 HCWs reached. A five day orientation was done in Naivasha DH where nine HCWs from private facilities were reached. A two day orientation on CaCx screening and treatment was also conducted at Molo DH and 16 HCWs were reached. The team supported training of 20 Peer Educators in Naivasha DIC where the participants had a three day training as CBDs using the Community FP module. The team also disseminated and distributed assorted job aids/guidelines and SOPs to 40 supported health facilities. The job aids disseminated included TIAHRT charts, FP handbooks, pregnancy check list, FP guidelines, M4RH (Mobile phone for Reproductive Health) posters and waste segregation flow charts.

During the quarter, a total of 31,447 accessed FP services, translating into 17,740 CYP. LAPM FP methods (BTL, IUCD & Implants contributed to 60% of the CYPs during the quarter. Planned approaches to improve FP uptake include continued mentorship of HCWs on LAPM, training of CHWs on CBD, demand creation during CHS dialogue and action days and reaching OUT to the male partners.

Narok County: The project supports 39 facilities to provide quality RH/FP services in the county. Mentorship was carried out at seven facilities focusing on LAPM of FP, and community FP and M4RH in the community units. Three more facilities started to provide LAPM increasing the total number of facilities offering the service to 10. M4RH cards were distributed to the youths in the transport sector through the Narok DISC. In addition, 18 cycle beads were distributed to Ntulele Dispensary and the transport DISC. In order to improve service providers' competence in CaCx screening, 14 HCWs previously oriented on VIA/VILI were taken through a practical session at the Narok DH. The project supported an integrated outreach in Maasai Mara University where 69 clients were screened for CaCx, of whom two turned positive for VILI and were referred to Narok DH for further management.

In the reporting period a total of 222 clients were screened for CaCx, with five turning positive for VIA/VILI and were referred to the gynaecologist at Narok DH. The total number of clients served with RH/FP services was 4,613 achieving a CYP of 2,989.

3.1.11 Increased availability and capacity of functional skilled birth attendants in public and private sectors in health facilities and communities

The RH technical officers continued to support mentorship on FANC, Partograph, individualized birth plan (IBP), AMSTL and essential new born care at facility level. The project also continued supporting the setting up of county e-MTCT/MNCH task forces, which will focus on scaling up uptake of MNCH services including FANC, skilled birth deliveries, PMTCT, immunization among others. Working with UNICEF, the project supported a five day meeting on bottle neck analysis for DHMT members from the nine

districts in Nakuru County, while together with WRP, supported a two-day meeting in Narok County on the same.

During the reporting period, 20,783 pregnant women went for first ANC visit which translates to a cumulative achievement of 101,907 (70.5%) of the annual target, while 9,953 had 4 ANC visits. The program conducted outreaches and worked with CUs to increase number of women attending ANC. A total of 15,583 women had skilled deliveries, representing a cumulative annual achievement of 61,092

Baringo County: The project continued to support MNCH services in 110 facilities in five districts. During the reporting quarter, a total of 2,372 pregnant women attended the first while 1,620 attended the fourth ANC visits. There was a slight decline in the number of clients who were offered the ANC services as compared to the previous quarter during which 3,336 and 1,620 pregnant women attended the first and fourth ANC visits respectively. A total of 2,183 women had deliveries by skilled birth attendants compared to 2,261 in the previous quarter.

The project's annual county target for first ANC visits was 19,624 and a total of 11,932 pregnant women attended the first ANC visit in the four quarters thus a cumulative achievement of 60.8% of the target. The fourth ANC visit target was 6,858 and the achievement was 5,291 (77.1%). The cumulative SBAs (Skilled birth attendance) for the year was 8,304.

The low uptake of SBA deliveries during the quarter may be attributed to the HCWs strike thus service provision affected, inadequate community-facility linkage/referrals, HCWs knowledge/skills gaps, inadequate basic equipment, ineffective referral and client follow ups, staff shortage and low number of facilities offering BEMONC (Basic Emergency Obstetrics and Newborn Care) and CEMONC (Comprehensive Emergency Obstetrics and Newborn Care) services in the county.

During the quarter under review, the facilities were supported to scale up AMTSL (Active Management of Third stage of Labor), use of partograph to monitor labor, targeted PNC (Post Natal Care), integration of services, FANC, emergency preparedness and effective referral and follow up of the clients through mentorship and sensitizations. In order to increase uptake of the services, the project staff mentored 49 HCWs in 32 facilities on IPC, IBP (Individual Birth Plan), use of partograph/client monitoring, AMTSL, emergency preparedness, effective referral system, use of reference materials and management of obstetrics emergencies/complications.

In addition the project supported/conducted CMEs that covered different topics such as MPDR (25 HCWs attended), MVA (Manual Vacuum Aspiration) skills (10 HCWs attended), AMTSL/partograph (65HCWs reached), Minimum Package for RH/HIV services integration (21 HCWs reached). In addition, 18 DHMT members from four districts were also oriented on the bottleneck analysis and evidence based micro planning to scale up eMTCT (Elimination of Mother to child Transmission) /MNCH services.

The project also distributed and disseminated the following job aids to 33 supported facilities; AMSTL, use of Magnesium Sulphate, management of PPH (Post-Partum Hemorrhage), IP/waste segregation SOPs, neonatal resuscitation chart, targeted PNC, danger signs (infant

/mother), labour ward flow chart, minimum package for integration and PMTCT prophylaxis job aids (mother and infant).

Kajiado County: The county has 103 facilities offering ANC services and in this reporting period, 4,252 pregnant women attended their first ANC visit, compared to last quarters' 5,977, and of these 2,228 completed 4 ANC visits. During the same period, a total 2,283 mothers delivered under SBAs compared to the previous quarter's 2,779. The health workers' strike in December affected service delivery as most health facilities remained closed for about three weeks. Mentorship on AMSTL, and use of magnesium sulphate (MgSO₄) for the management of elevated blood pressure in pregnancy and was conducted in 6 health facilities (Vicodec, Wama Nursing Home, Matasia Nursing Home, Sinai HC and Kimana HC) reaching 11 HCWs.

Laikipia County: During the reporting period, 1,922 women attended the first ANC visit and 961 completed their fourth visit in the 57 supported ANC sites. Cumulatively 8,369 women attended the 1st ANC while 3,699 completed the 4th ANC visit. The total number of deliveries conducted under SBAs was 1,313 bringing the cumulative number of deliveries under skilled attendants this year to 5,198. A total of 32 HCWs from 17 health facilities were mentored on use of partograph & AMTSL in monitoring labour and delivery.

Nakuru County: The county has 195 ANC sites out of which 94 have capacity for Basic Essential Obstetric Care with four public health facilities offering Comprehensive Essential Obstetric Care. During the reporting period, 39 health facilities were visited for mentorship on FANC, AMSTL, partograph and management of obstetric emergencies where a total of 80 HCWs were reached. The MDT team disseminated and distributed reproductive health job aids to 30 health facilities to accelerate service delivery and promote quality of care.

During this reporting period, the program continued to support MNCH mentorship, orientation and OJT in all the nine sub-counties. Management of women in labour using partograph continues to be a challenge in level 3 facilities. During the quarter four service providers in Mogotio HC were given an orientation on Partograph and two CMEs on partograph were done at the facility, reaching 25 HCWs. In addition, orientations on life saving skills in obstetrics at PGH Nakuru was done where a total of 36 HCWs were trained. CMEs were also supported at Langalanga, Bahati, and PGH Nakuru with a total of 60 HCWs attending.

In collaboration with MCHIP the program received orientation materials, posters and guidelines for new born care. RH technical Officers are planning to embark on this orientation in the next quarters.

During the quarter, 9,703 clients attended the first ANC visit while 4,671 clients accessed 4th ANC visits. A total of 8,566 clients had births conducted by skilled attendants. Approaches to improve uptake of 4th ANC visits and SBA include enhanced linkage to community units, sustained demand creation through health communication, continued mentorship on essential health packages, provision of basic equipment and facilitative supervision.

Narok County: The project supports 35 health facilities to provide ANC services and 35 HCWs from 17 health facilities were mentored on AMTSL and use of partograph as a measure to reduce perinatal morbidity and mortality. In addition, the project distributed partographs in five facilities (Mosiro, Ereto, Nairegi Enkare, Nairasirasa and Olchekut health

centres) and three delivery packs procured by the project to Salabwek Chemwokter, Rongena health centres in Narok South.

In this period, the number of 1st ANC visits was 2,471 which is a decrease from last quarters' 3,240. The drop is attributed to the HCW strike that affected service delivery. Similarly, the number completing 4th ANC visit declined from 845 to 807 this quarter. The number of deliveries conducted under SBA was 1,229. Following a reshuffle of health care workers in the Narok DH, the project plans to carry out an orientation on AMTSL and partography which will also target the newly deployed nurses.

3.1.12 Increased availability of essential newborn care and resuscitation, nutrition, safe and clean water at point of use and prevention and management of childhood illness

During the reporting period, 19,711 children received Penta 3 vaccine, compared to 29,200 children in previous quarter. The drop is attributed to the HCW strike that affected service delivery. Cumulatively, 110,927 children received Penta 3 which is 92.4% of the year 3 target. 22,708 children under five years received vitamin A supplementation during the period, giving a 36 (207,903) against the year 3 target. The low coverage is mainly attributed to poor documentation and shortage of the commodity during the reporting period especially the 100,000 IU capsule. A total of 33,426 children were treated for diarrhea while 14,437 were treated for pneumonia. As a follow-up of the gaps identified in implementation of vitamin A supplementation, a CME on vitamin A addressing missed opportunities for supplementation and therapeutic use including documentation was held in Njoro HC with 10 HCWs in attendance. An agreement was reached with the MDT to provide vitamin A tally sheets to all the relevant service points (MCH, Maternity, CCC, Pharmacy etc.) to improve coverage, documentation and quantification of the facility vitamin A supplies.

The project mentorship teams continued with mentorship focusing on essential newborn care, breastfeeding, newborn resuscitation, prevention and management of common childhood emergencies including diarrhea, and prevention of childhood illnesses. Integrated outreaches targeting underserved areas were also supported by the project details of which are reported each county.

Mentorship and OJT was provided to 12 MoH nutrition staff and one nutrition volunteer in nine facilities. The objectives of the activities were to orientate the nutrition staff on the use of the revised nutrition registers, summary and commodity reporting tools. Coverage and documentation of high impact interventions with a focus on micronutrient supplementation (vitamin A and iron folate), growth monitoring and promotion (CHANIS) and deworming were also addressed. With the exception of Bahati DH and Gilgil DH, the rest of the supported facilities in the county were missing some or all the revised nutrition reporting tools. The plan is to have facilities with tools to upload data into the respective DHIS template once it was finalized. The others will start fully reporting in the next quarter after they receive the missing reporting tools

During the quarter, technical support was provided to the one day nutrition orientation on nutrition assessment and nutrition management in HIV for 31 health workers from Naivasha DH and Narok District. The Technical Officer – Nutrition attended a three day national TOT training on Iron Folic Acid Supplementation (IFAS) for pregnant mothers supported by the Ministry of Health and Micronutrient Initiative. Nakuru Central District was selected as one of the pilot sites for the roll out of the IFAS guidelines in Nakuru County. Subsequently, APHIAplus participated in the three day MOH/MI supported training on IFAS in pregnancy

guidelines for 22 HCWs from Laikipia, Narok, Kajiado and Nakuru Counties. The next steps will involve dissemination of the IFAS guidelines to the respective County Nutrition Technical Forums and health facilities to improve coverage of IFAS, documentation and reporting.

Baringo County: The project supported child health services in five districts and continued to develop the capacity of the facility HCWs through continuous mentorship, CMEs, OJTs and use of reference materials. Forty HCWs from 14 facilities were mentored on: BFHI (Baby Friendly Hospital Initiative) strategy, essential newborn care, use of immunization monitoring charts, neonatal resuscitation, commodity management and documentation. The project conducted two CMEs on BFHI at two facilities attended by 44 HCWs and one orientation on documentation in Mother/Child booklet and immunization monitoring charts attended by 28 HCWs. The project also supported Malezi Bora activities and Polio campaigns in the county during the reporting period.

During this reporting period, 3,091 children received Penta 3 vaccine, while 2,794 children under 5 years received vitamin A supplementation. A total of 5,318 children were treated for diarrhea and 1,566 were treated for pneumonia compared to 6,289 cases and 2,022 cases treated for diarrhea and pneumonia respectively previous quarter.

The project also distributed and disseminated neonatal resuscitation flow charts, IMCI (Integrated Management of Childhood illnesses) checklists, immunization monitoring charts and Kangaroo Mother Care charts to 14 sites. Additionally, three integrated outreaches were supported in three districts where children and adults were reached with different services such as deworming - 85, FANC, FP, Immunization - 123, supplementation of vitamin A - 39, HTC - 98 and treatment of minor illness - 200.

Kajiado County: The project supports 32 sites that offer basic EONC services and of these nine offer comprehensive EONC services including two private health facilities. So far 59 facilities have functional designated ORT corners and practising IMCI, the project aims to scale up ORT corners to all the supported facilities. In this reporting period, the project, through the joint work plans with the SCHMTs, supported six targeted integrated outreaches to the underserved nomadic communities in Oldorko Ongisho and Musenke in Entasopia and Losinyai in Oldonyonyoike and Ololua community. The outreach centres were selected due to the poor road infrastructure and poor access to health facilities some of which are 50 kilometres away. During these outreaches, 105 children under one were immunized, while three children under 5 years were immunized against measles. In addition, 28, and 38 children under 5 years were treated for minor ailments, and given vitamin A supplementation respectively.

In total 535 children were weighed and screened for malnutrition. At the facility level, three CMEs on updates in maternal & perinatal death review, and steps to successful breastfeeding initiative were conducted in Kitengela HC and Ngong SDH reaching 50 HCWs.

During this period, immunization results were as follows: 1,355 children received Penta 3, 908 children were immunized against measles and 1,470 children received vitamin A supplementation.

Laikipia County: In the reporting period, three targeted outreaches were carried out with the aim of improving immunization and child nutrition and prevention/treatment of childhood

diseases. During these outreaches 86 children under one year were immunized, 498 had growth monitoring, 101 children under five given vitamin A supplementation and 498 treated for minor ailments. The project supported distribution of vaccines and mentorship on cold chain management in Laikipia North and Laikipia West. Three more facilities were supported to establish ORT corners bringing the total number of facilities with functional ORT corners to 23. Overall, immunization results in the county were as follows; DPT 3: 2,478, measles: 2,168 and the number fully immunized children was 2,006.

Nakuru County: The County has 200 health facilities of which 43 health have functional ORT corners. Strategies to scale-up ORT corners include, continued mentorship on IMCI, provision of basic equipment, provision of IMCI job aids/charts and supportive supervision. During the quarter, The MDT team visited 40 health facilities for mentorship on IMCI, immunization and neonatal resuscitation; reaching a total of 78 health providers (61 females and 17 males). Fourteen health care workers from Olengeruone DH were also taken through the nutrition module of the revised ART guidelines during the facility CME

The team also disseminated and distributed job aids/guidelines/SOPs to 40 health facilities. The job aids and data tools included the mother/child booklets, immunization monitor charts, and posters (breastfeeding, hand-washing and replacement feeding). The project also supported Malezi Bora week for enhanced MNCH service delivery and integrated outreaches to improve access to healthcare and reach the underserved and/or marginalized populations. During the reporting period, 11,787 children received Penta 3 vaccine, giving a cumulative achievement of 49,517 children immunized for the year, against a target of 46,800, while 11,392 children under 5 years received vitamin A supplementation. A total of 14,243 children were treated for diarrhea and 5,760 treated for pneumonia compared to 13,773 cases and 9,114 cases treated for diarrhea and pneumonia respectively the previous quarter.

Documentation in the new mother baby book has been identified to be a challenge for HCWs in the counties and therefore to address this gap, the program supported the orientation of 25 service providers in Mogotio District. Mentorship on new born care have continued during the quarter at high volume sites, however all BeMONC facilities have not been reached. To bridge this gap they have received orientation packages, guidelines and job aids on Newborn care which will used support orientations and CMEs in the coming quarter.

Narok County: The program supported 15 outreaches, (nine in Narok South and six in Narok North) all targeting underserved areas. During the outreaches, 1,422 people were served. 426 children were immunized and screened for malnutrition, 99 reached with FP services, 125 provided with ANC services and a total of 229 people tested for HIV. The total number treated for minor illnesses were an additional 543.

By the end of the quarter immunization results were as follows; 5,286 children received Penta 3, 3,665 vaccinated against measles 2,124 got Vitamin A supplementation, 4,941 children were treated for diarrhea and 2,278 treated for pneumonia. An orientation was done in Narok DH on nutrition assessment (IMAM and FBP) where 26 HCWs were reached. Mentorship also focused on establishment and use of ORT corners and promotion of the use of zinc in the management of diarrhea.

3.1.13: Expanded coverage of high impact interventions for women and men of reproductive age, youth, vulnerable groups, MARPs, mothers, newborns, and children

Workplace Program

The number of formal workplaces engaged by the project increased from 18 to 42 with partnership agreements between January and December 2013 with a total workforce of approximately 28,500 (49% female). This was in all counties apart from Baringo. Between October and December 2013, the project reached 1,322 (403 females) individuals in workplaces in small groups sessions that met the minimum standards using VOICES and distributed 28,800 condoms. Figure 6 below shows that the total number of individuals reached by the end of 2013 was 4,458 (40% female) with Nakuru county contributing the highest numbers reached, this is 74% of the year target of 6,000.

Out of the 4,458 who completed sessions during the year, 2,759 accessed HTC services, 209 VMMC services, 145 cervical cancer and STI screening and 46 family planning services through the project supported outreaches. To be able to reach the individual workers with both messages and services, the project carried out management sensitization sessions to 21 workplaces, six workplace coordinators networking fora, eight workplace committee trainings, and ten peer education training sessions between January and December 2013. In addition, five workplaces were assisted to come up with their workplace HIV and AIDS policies.

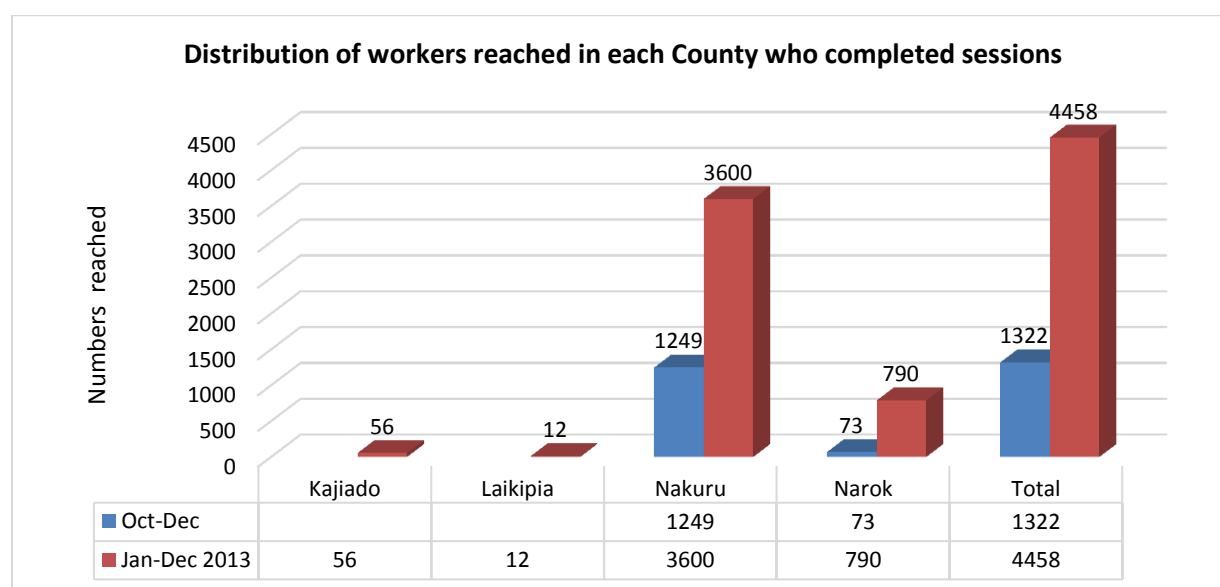


Figure 6: Distribution of workers reached in each County who completed sessions

Kajiado County: Project implementation was slow in this county due to the remote location of the first workplaces to be enrolled and lack of a dedicated APHIAplus workplace staff in the county. During this reporting period, the project engaged two flower farms with a workforce of 1,150 employees in Isinya sub-county with the support of the Isinya District Health Promotion Officer and came up with two partnership agreements for the implementation of comprehensive workplace HIV and AIDS program beginning next quarter. This brings to four the number of workplaces implementing the project in Kajiado County and with a total workforce of 2,050.

Laikipia County: The project signed a partnership agreement with one workplace Equinox Limited with a workforce of 450 in Laikipia County. This brings to three the total number of workplaces in the county and a total workforce of 3,100 workers. A planned training for one of the workplaces, Ol- Pejeta ranch with a workforce of 650 employees was pushed forward to next quarter due to logistical challenges. Out of the 650 Ol-Pejeta Ranch employees only 25 are females.

Nakuru County: By December 2013, the project had engaged with 27 workplaces in Nakuru County with a workforce of 23,164 employees. During the October to December quarter, two peer educators' trainings were undertaken bringing together 37 workers of Bigot flowers and Unga limited. This brings the total number of peer educators trained between January and December 2013 to 148 and the total trained since project inception to about 500. The project also trained 19 support group leaders in community prevention with positives. This brings the total number of support group leaders trained to date to 130. The trained peer educators with the support of the behavior change agents (peer educators mentors) carried out small group sessions reaching 1,249 individuals.

While there were no HTC outreaches to workplaces this quarter, the company health facilities continued to offer the service serving a total of 719 (382 females) individuals out of whom 37 (21 females) turned out positive. During the same period 141 males accessed VMMC services 12 of them being dependents of the employees aged 13 to 19 years old.

The Nakuru county workplaces commemorated World AIDS Day in Rongai and Nakuru. The nine Rongai workplaces requested to be allowed to commemorate the day in Rongai sub-county where they had organized to have a mini marathon, a tug of war and other inter-company games. HIV and AIDS messages reflecting on the Days theme were disseminated through songs, poems and skits to an audience of about 600 workers in attendance. In addition, the project supported the Rift Valley Provincial General Hospital to develop and launch its workplace HIV and AIDS policy. The launch took place as a pre-World AIDS Day activity.

Narok County: The project engaged with 15 workplaces between April and December 2013. The workplaces included two construction sites, barber shops and salons, tailoring schools and 11 hotels and lodges. The 11 hotels had a workforce of approximately 150 staff at the time of the management sensitization last quarter. However, due to high staff turnover in the hotel industry this number fluctuated rapidly. During October and December 2013 four hotels that did not manage to secure time for their employees to be reached with health education sessions last quarter and those that had hired new staff arranged for their staff to be reached. A total of 73 employees were engaged in small group discussion sessions using the VOICES EBI. In total, 790 workers were reached in Narok between January and December 2013 out of an annual target of 545 (145% of target).

Youth Program

Peer education has remained the core intervention among youth. The project reached 31,227 youth against the annual target of 30,000 as illustrated in the graph 7 below. This could be attributed to the high number of peer educators and continuous support supervision and monitoring by project staff. More young people have received financial literacy training and started economic empowerment activities such as poultry keeping, kitchen garden and SILC. The MOYA has sustained its support to the youth by providing egg hatching incubators while others have engaged in green house initiatives.

In order to boost the existing peer education intervention among young people, 64 youth drawn from five counties were trained on SHUGA as an EBI to reach out to their peers. The series addresses issues of MCP, alcohol abuse, condom use, HTC and SGBV. The project in collaboration with the Ministry of Health continued to support the provision and uptake of youth friendly services in five counties. The interventions are geared towards meeting sexual and reproductive health needs of adolescents and youths.

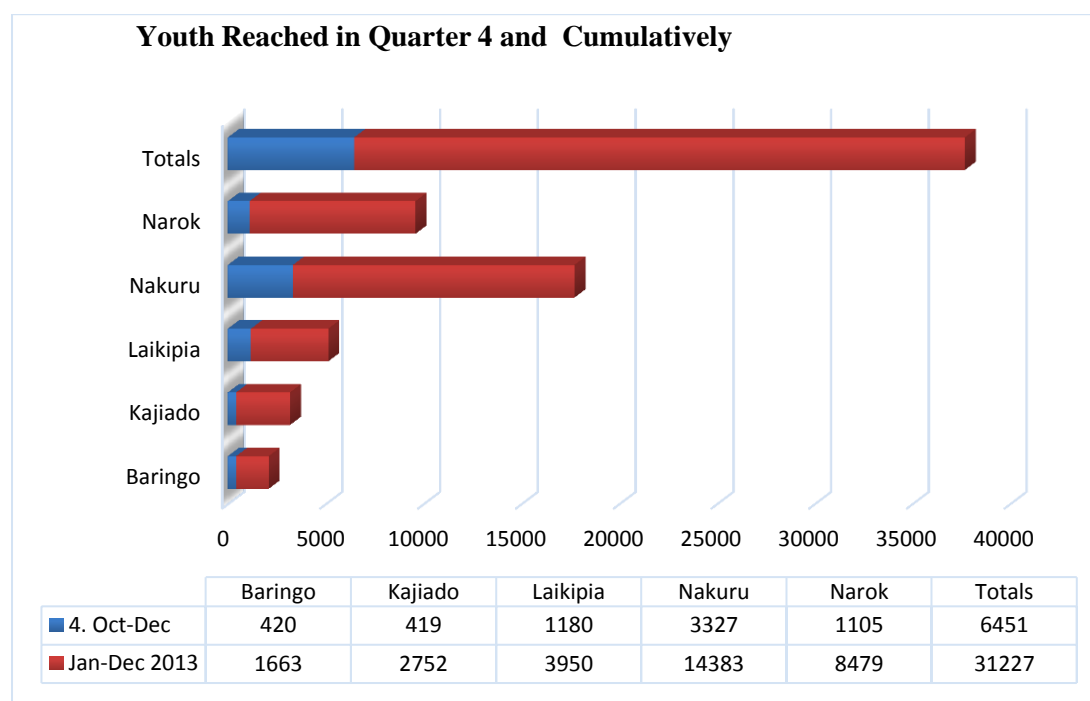


Figure 7: Youth Reached in quarter 4 and cumulatively

A total of 106 young people were oriented on M4RH, an innovative FP/RH mobile service aimed at increasing FP uptake among young people. 97 females accessed contraceptive options this quarter; 83 of which took up injectable, seven took up pills, two took up implants and five took up female condoms. This can be attributed to a major focus on increasing awareness on contraception through the Campus Change Agents and use of referral cards through Peer Educators referring for uptake.

Service uptake was also promoted during the quarter, 784 (345 male and 439 female) youth in tertiary institutions were mobilized test for HIV during the health awareness week in Kabarak University and Laikipia University; Out of this number, 255 (114 male and 141 female) were new testers accounting for 33% of those tested and received results, four females turned reactive and one male was referred to the CCC for services. Another 130 females were screened for cervical cancer during the integrated service outreach. Eight (2 male and 6 female) young people were screened for STIs. 10 YPLHIV (3 male and 7 female) were reached this quarter with the PWP package messages through AOH YPLHIV PWP facilitators. Detailed results for each county are presented below. Cumulatively, youth in tertiary institution have received services as presented in the Figure 8 below;

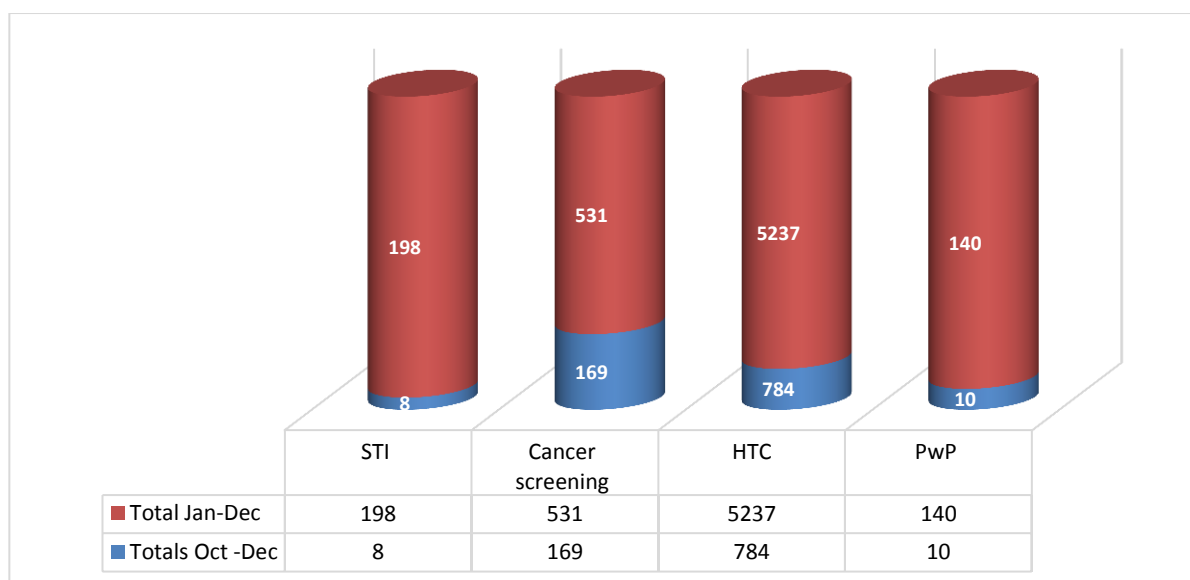


Figure 8: Services provided to youth in tertiary institutions

Baringo County: During the quarter, 428 (495 males) OSY were reached through peer education sessions during which a total of 1,800 condoms were distributed. Peer educators referred 45 youth (30M, 15F) for HTC services in Baringo County. In addition, eight positive youth (4M & 4F) were reached with PwP messages. As part of economic strengthening, 90 youth (64% male) received financial literacy training and another 25 (80% male) were trained in poultry keeping. 23 of the youth groups received funds from Youth Fund during the quarter have started income generating activities.

Fisher folk peer education and outreach: Stepping Stones is a communication tool developed to initiate and sustain meaningful dialogues around sexual attitudes and needs. It was originally designed both for use in existing HIV/AIDS projects and in general community development projects which plan to introduce an on-going HIV and sexual and reproductive health component. Stepping Stones grew out of a need to address the vulnerability of women, men and young people in decision-making about heterosexual behavior. These materials empower people to explore the huge range of issues which affect the sexual health of us all - including gender and age-based roles, money, alcohol or other drug use, traditional practices, attitudes to sex, attitudes to death and our own personalities.

Using the stepping stone session EBI, the intervention reached a total number of 32 people (59% female) fisher folk as shown in graph 4 below. A total of 1,800 condoms were distributed during sessions. Peer educators referred 45 youth (30M, 15F) for HTC services in Baringo County. All the seven beach management units around Lake Baringo are being reached with the peer educators.

Kajiado County: A total of 529 (79% males) youth were reached through one on one and group sessions. The youth were drawn from YITS-110 (88% males) and OSY- 419 (56% female). The youth also received the following services: HTC-868 (65% males); three were reactive, CaCx -104 two reactive, FP-88 female and STI treatment-172 youths (59% male). During the reporting period, the project continued to provide technical assistance to Ministry of Education to provide comprehensive life skills education to 20 primary schools. The 4 – Pillars program is geared towards ensuring retention of girls in school among the Maasai, sensitization of girls about pregnancy and how to prevent it, HIV/AIDS and how it is spread, as well as national laws and policies that forbid early and forced marriage and FGM. Besides

this, community dialogues and meetings were held with parents to discuss issues affecting girls and how parents and other stakeholders can be involved to address them.

Laikipia County: A total of 739 (60% males) OSY were reached through peer education sessions. This can be attributed to the additional 25 PEs trained in October. Further, 64 Youths (69% males) were taken through economic empowerment training and have since started income generating activities.

As part of capacity building, nine Peer Educators from Laikipia University were subjected to a Strategic Behaviour Change Communication Assessment to assess their capacity in delivering BCC and identify gaps for capacity building. It was clear that a majority of PEs have no knowledge of BCC theories, behavioral constructs, why BCC and how they apply to behavior change; most of PEs lack knowledge of communication skills and how to apply them in peer facilitated sessions and many PEs had challenge understanding the country context and forward direction in HIV/AIDS programming. The process of developing a capacity building plan as a result of the assessment is underway.

Nakuru County: There was a reduction in the number of young people reached during the quarter from 6,678 to 3,327(52% males) in Nakuru. This was largely down to the slowdown in the implementation of activities due to end of year festivities. Young people reached were drawn from OSY -, 748; YITS 404; YITI 1397; YIC 495; and PwP youth 283. Additionally, a total of 1,932 (52% male) youth received HTC services with all being non- reactive. Another 244 youth were linked for VMMC service and 47 female screened for cervical cancer (two on treatment). Condoms distributed were 3,945 and other materials shared out included 85 reflector jackets, 20 T-Shirts and assorted IEC materials containing health promotion and behavior change messages.

During the reporting period, the project continued to provide technical assistance to MoE to provide comprehensive life skills education in 139 schools spread in six districts in Nakuru County. The schools have a total enrolment of 68,806 pupils (51% girls) and 255 teachers (55% female) trained by the project to implement LSE in these schools. This high number of trained teachers has resulted in all teachers in the above schools implementing LSE in their classes. 122 schools participated in a supportive supervision exercise in the six sub counties of, Nakuru, Naivasha, Gilgil, Molo, Njoro and Bahati.

Narok County: In the quarter, total of 1,596 (60% male) OSY were reached. Those reached with health education at the YITS were 491 (65% males). Besides health education, the youth received biomedical services as follows; 573 (59% female) HTC services with four reactive and referred to support groups; 632 screened for STI and cervical cancer and 34 youths received FP services. The Narok YEC initiated cyber peer in which 15 youth, all male finished the educational health package. During the quarter, three road safety campaigns were held where 1,500 boda boda operators were reached with health messages and services which included HTC, RH and FP.

Under the LSE program, a total of 29,444 pupils (51% boys) have been enrolled. A total of 272 teachers (59% males) were trained by the project to implement LSE in these schools. The trained teachers oriented their colleagues in their respective schools. This development resulted in all teachers in the above schools implementing LSE in their classes. A supportive supervision exercise carried out during the reporting period for 125 schools shows that 52% of those enrolled have received a minimum of 10 lessons. A 15 member coordination

committee continued to oversee implementation LSE in Narok County and in order to strengthen the programs' supportive supervision; DQASOs, ZQASOs, TAC tutors and AEOs developed a supportive supervision strategy for the county. Outcomes being noted in Narok through the LSE program include:

- Open talk and rebuke of FGM and early marriage by parents, communities and leaders.
- Girls' school drop out rate have gone down and cases of early/ force marriage reported
- Boy child rebellion and truancy has reduced.

Most at Risk Populations (MARPs) Program

The MARPs interventions target female and male sex workers (FSW and MSW) and Men who have Sex with Men (MSM) in nine urban areas and three truck stops spread in four counties. The interventions include peer education and outreach, condom promotion and distribution, risk assessment and risk reduction counselling, HIV testing and counselling, STI screening and treatment, linkage to HIV treatment, family planning services and economic empowerment initiatives. The project works with 300 trained volunteer peer educators and five Drop-In Centres (DIC) serving the key populations in the different areas. There are an estimated 9,981 FSW and 245 MSM/MSW in the priority areas. During the quarter under review, a total of 1,881 FSW and 98 MSM/MSW completed the recommended six sessions increasing the total number of MARPs reached through peer education sessions between January and December 2013 to 6,139 FSW and 185 MSM/W. The project served 3,716 repeat clients of which 901 new FSW this quarter through the DICs and outreaches in the reporting quarter increasing the total number of SW served in the year 2013 to 8,730. A total of 102 FSW living with HIV were identified this quarter out of who 61 were linked to care, 10 reported having relocated to outside the project area while 30 are being followed up to ensure they are enrolled into care. A total of 468 (82.4%) FSW are currently enrolled on care out of the 568 identified as living with HIV. The MARPS reached were served with various services in the project supported DIC as shown in graph 9 below.

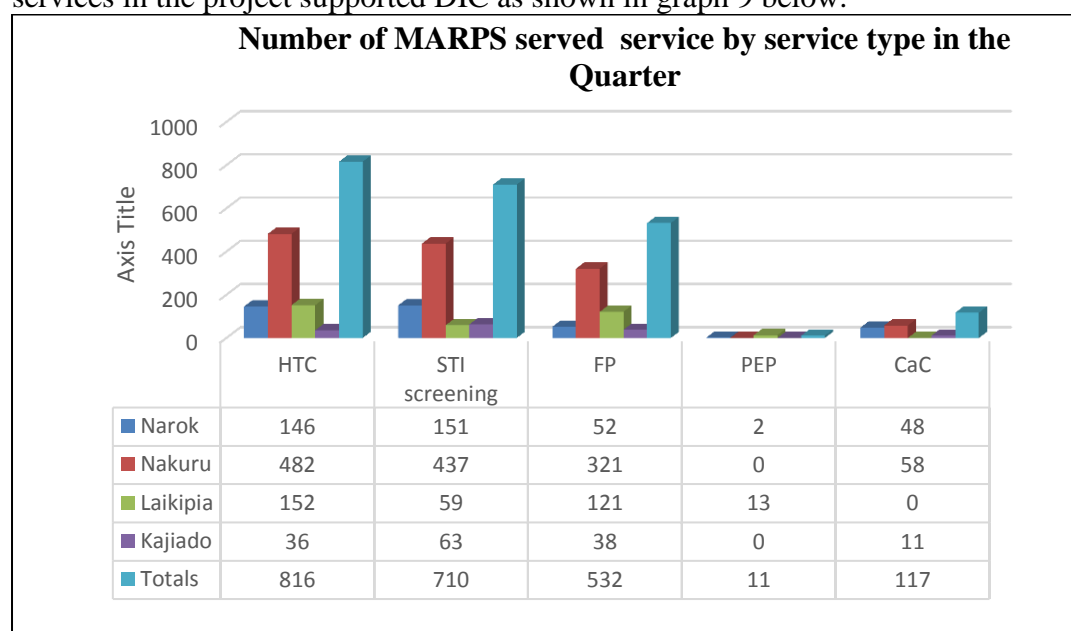


Figure 9: No. of MARPS served

Kajiado County: The MARPs intervention is only implemented in Ngong Division of Kajiado North District. The other sites in the county are covered under the Shujaa Project

supported by CDC Kenya. There are twenty (20) trained peer educators while service delivery is through monthly outreaches in the three locations with an estimated 800 female sex workers.

A total of 501 FSW were contacted at least once during the quarter through peer education sessions with 210 completing the recommended six sessions. An assessment of peer education and quality of outreaches based on the NASCOP Peer education and Outreach Standards was conducted in the quarter and results compared with those from the previous quarter. The results indicated an improvement in the referral process, reporting and supportive supervision in the region.

In addition to peer education and outreach, three (3) service delivery outreaches were conducted providing services to 201 FSW including 36 who tested for HIV, 38 provided FP services, 63 screened for STIs, and 11 screened for cervical and breast cancer. Education sessions on cancer awareness were conducted in the month of October to improve awareness among SW and promote uptake of cervical cancer screening. Condom promotion and distribution continued with a total of 13,278 male condoms distributed to FSW in the quarter. Economic empowerment activities continued with the organized SWs groups meeting regularly for table banking and SILC activities. The four (4) groups registered in the region are accessing mentorship from the departments of Gender and social services prior to accessing funds from the Women Enterprise Fund.

Laikipia County: MARPs interventions in Laikipia County are implemented in Nanyuki and Nyahururu towns and trading centers in Laikipia Central and Laikipia West districts. There are an estimated 1,500 SWs in the county and eighteen (18) FSW and twenty (20) MSW trained peer educators in Laikipia East District. Nyahururu town, Laikipia West and Central districts are served by volunteer mobilizers.

Twenty (20) MSM/MSW peer educators were trained as peer educators this quarter based on the national SW training curriculum to reach to. Of the 110 MSM/MSW peers 98 completed the recommended six sessions. The FSW peer educators enrolled a total of 270 FSW for peer education with 209 completing the recommended six sessions. A total of 226 FSW and 28 MSM were served at the drop in centre with various services. 152 clients were tested for HIV at the drop in centre including 13 MSM. Two FSW tested positive and were appropriately referred for care and support. 121 FSW received family planning services which included 89 injectables, 22 OCP and 10 implants as illustrated in Figure 10 below. Fifty nine (59) cases of STIs were treated while thirteen (13) clients were provided post exposure prophylaxis; two were due to rape, one for unprotected consensual sex due to alcohol influence and 10 condom bursts.

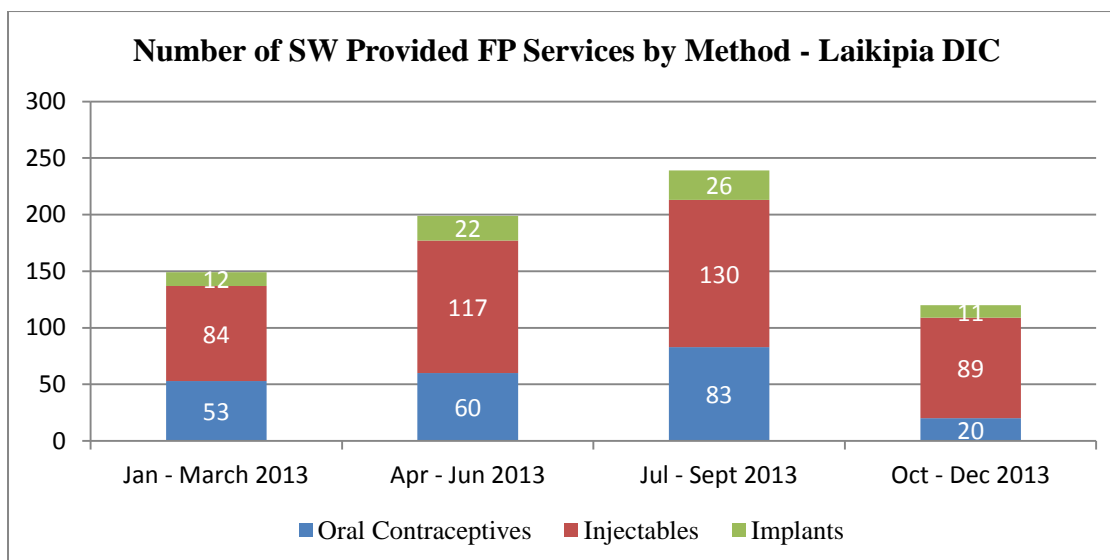


Figure 10: Number of SW Provided FP Services by Method - Laikipia DIC

Condom promotion and distribution continued in the quarter with 3,000 posters and brochures promoting condoms use being distributed to the major SW hotspots. A total of 12,621 male condoms and 225 female condoms distributed directly to FSW this quarter. The region reported an erratic supply of condoms attributed to lack of clear guidelines to ministry of health staff in the transition process from national to county governments. The SW and MSM peer educators joined other stakeholders to mark the World AIDS Day in Nanyuki Kanu grounds. The SW peer educators presented a skit and dance whose theme was the need to reduce stigma in order to reduce the spread of HIV.

Nakuru County: The interventions were implemented in Nakuru and Naivasha Municipality, Gilgil Town, Salgaa, Mai Mahiu, Kikopey and Makutano truck stops. There are three DIC located in Nakuru Central Business District, Naivasha town and Salgaa truck stops. During the quarter under review, renovations were carried out in the Nakuru town Centre and Salgaa DIC to facilitate service delivery. The renovations allowed additional space for service delivery and improved the space available for the FSWs to conduct their group meetings and other activities without interrupting service delivery. Figure 11 indicates the number of FSW served in the three DICs in Nakuru comparing the first visit and repeat visits in the last five quarters.

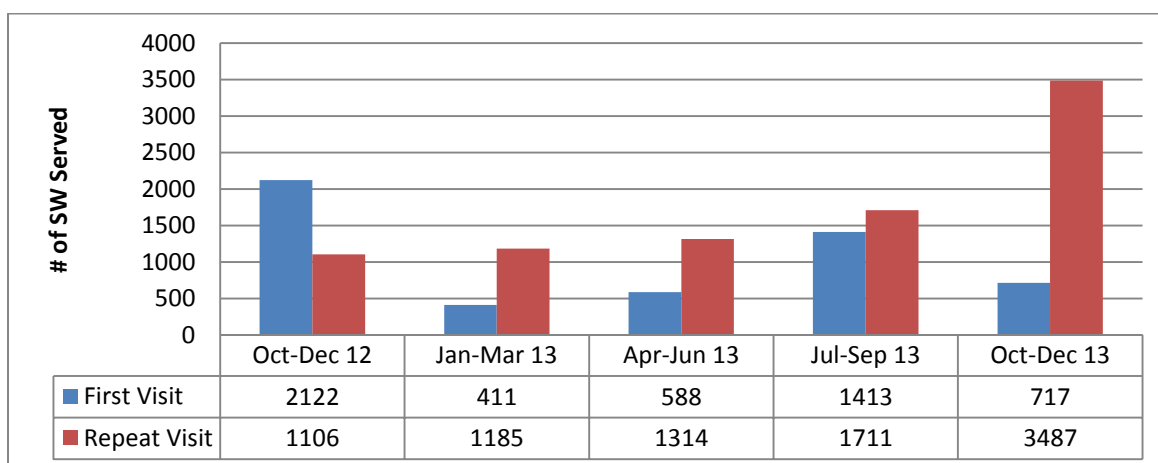


Figure 11: Number of FSW Accessing Services From Project DICs - Nakuru County

Through peer education and outreach, a total of 4,251 FSW were contacted at least once in the quarter with 1,240 completing the recommended six sessions. The peer educators also mobilized their peers for service uptake with a total of 482 SW accessing HTC, 437 accessing STI screening with 156 presenting with STIs and accessing treatment, 321 accessing FP services 58 screened for cervical and breast cancer and 771 accessing risk reduction counseling. Economic empowerment activities continued with established SWs groups participating in table banking, SILC and merry-go-rounds among others. The groups currently have a combined savings of Kshs 480,000 with a total of Kshs 210,000 advanced as loans. The SILC group in Naivasha shared out proceeds of Kshs 8,500 each to its 11 members and the new cycle begins in the next quarter.

Narok County: MARPS interventions in Narok County are implemented in Narok North and Narok South Districts. The main hotspots are located in Narok town and various trading centres along the Narok – Bomet highway and the Masai Mara tourism circuit. There are an estimated 151 sex work hotspots and 1500 SW in the County.

The 20 trained volunteer peer educators enrolled 816 FSW out of who 228 completed the recommended six peer education sessions increasing the total reached through peer education in the year 2013 to 874. A total of 146 FSW were taken through risk assessment and risk reduction planning. The risk reduction planning focused on the risk factors identified which include inconsistent condom use with partners of unknown HIV status, douching and alcohol use. A total of 79,920 male condoms and 110 female condoms were distributed directly to sex workers and through condom outlets in the 121 hotspots served by the project.

A total of 586 clients accessed services at the Narok DIC. These included 146 SWs who accessed HIV testing, 151 were screened for STIs, 52 provided modern contraceptives, two (2) provided post-exposure prophylaxis and 48 screened for cervical cancer. Three (3) tested positive for HIV and were linked to the Narok district hospitals for care and treatment while 23 presented with STIs and were treated.

Community PWP Activities (CPwP)

During the quarter under review, the project reached 112,963 of a targeted 8,403 with the 13 key messages compared to 9,460 PLHIV reached last quarter. The messages included disclosure, drug adherence, family planning, drug and substance abuse, HIV testing, condom use and risk reduction. This was achieved through improving the CPwP service providers' capacity and training more CPwP TOTs to reach more PLHIVs with CPwP messages. This resulted to 678 PLHIV disclosing their status to their partner and close family members compared to 120 last quarter and 41 couples tested for HIV. Below find the detailed achievements per county.

Baringo County: Out of the 2,000 PLHIVs targeted to be reached during the quarter, 1,400 (63% female) were reached with key messages. As a result of this intervention, 16 PLHIV disclosed their status to their partners and close family members; five and two were referred for HTC and eMTCT respectively; 18 partners were tested for HIV.

The project has so far reached 3,816 (65% females) PLHIV with CPwP key messages against an annual target of 3,357; achieving 114% of the target. This was achieved due to a deliberate effort by the project to improve CPwP activities, by conducting refresher courses and training more CPwP TOTs to reach more PLHIVs.

Among the key challenges observed during CPwP messages dissemination sessions were: over-expectation from the program by the PLHIVs, absenteeism for meetings and alcohol abuse among support group members within Baringo County.

Kajiado County: During the quarter, the project reached 4,402 (72% females) clients with the 13 messages compared to 2,025 clients reached last quarter, thus surpassing the annual target of 1600. The increase is attributed to the training of an additional 20 CPwP TOTs trained during the quarter. As result of the CPwP sessions, three couples underwent HTC whereas seven PLHIV disclosed their status to their families. In addition, two OVC were also counseled and tested for HIV.

In addition, a link desk was established at Kajiado district hospital. This brings the total number of link desks supported by the project in collaboration with MOH to eight. The link desks have continued to play an important role in referral and linkages for health services. During this reporting period, 11,056 (67% females) clients passed through the various link desks, compared to 8,710 (61% females) served last quarter translating to 14% increase. This increase is attributable to the establishment of new link desks and re-orientation of link desk staff in Ngong SDH.

Laikipia County: The project reached 4,173 PLHIVs (70% females) with CPwP messages during the quarter against a quarterly target of 2,059 and annual target of 4,111. Of these, 38 (63% female) newly tested clients joined support groups, 502 (60% females) clients disclosed their status and four couples tested for HIV. Through the CHVs the following referrals were done three clients screened for STIs, four females for TB and two for partner testing. 576 pieces of condoms were distributed. Home visits were conducted to 3,986 PLHIV (70% female) by the CHVs and various support services and referrals done during these visits. During the quarter, 18 link desks in the two districts continued to offer services to PLHIV in the county.

Nakuru County: The project conducted CPwP refresher trainings for 95 CPwP service providers during the reporting period. The objectives of the refresher trainings were to refresh the service providers on the 13 key CPwP messages and on CPwP reporting tools. Challenges in service provision and reporting were also discussed. The CPwP target for the quarter was 3,937 out of which 2,637 (69% male) PLHIV were reached with the 13 key messages, representing 62% of the target. In total, 4,900 PLHIV were reached with CPwP messages during the year, representing 86% of the annual target of 5,682 PLHIV in Nakuru County. Through CPwP interventions, 2,045 PLHIV are adhering to treatment, 100 disclosed their HIV status to their partners and close family members, and 12 couples were tested for HIV within the quarter. In addition, 29 referrals were made from the community to the health facilities for various services ranging from PMTCT, TB screening, FP, and STI screening. 8 defaulters were also traced and referred to CCC for care and support. In addition, six link desks were established at Keringet, Olenguruoni, Kiptagich, Kuresoi, Molo and Elburgon health centers bringing total to 18. Sixteen community health volunteers (7 females, 9 males) were trained to support the link desk activities.

Narok County: During the quarter under review 351 PLHIV (81% female) out of the quarterly target of 407 were reached with CPWP messages compared to 244 last quarter. In total, 595 PLHIV (43%) were reached at the end of the year against an annual target of 1,400 PLHIVs. The project facilitated the clients with the 13 messages to enable them live positively. This was done in both one on one and groups during support group meetings. The

messages led 53 clients to disclose their status to close family members and four couples testing for HIV. In addition, 1,307(64%M) OVC were tested for HIV out of whom 11(5M, 6F) who turned positive were linked to care. Cultural beliefs and high level of stigma continue to prevent most PLHIVs from joining support groups in this county.

Voluntary Medical Male Circumcision

During the report period, the project intensified mobilization for VMMC through mobile outreaches, organized groups and service outlets in Baringo and Nakuru Counties. Mobilization mainly focused on the non-circumcising communities such as the fishing communities around Lake Naivasha and Baringo and migrant workers working in Nakuru central district and Mogotio sisal estates. Other techniques used were creating awareness and information sharing through opinion leaders, church leadership and community mobilizers. Sites with high potential were identified to include Nakuru central, Marigat, Mogotio, and Naivasha. Ten temporary staff were hired to cope with the increased demand for the service. The staff included three VCT counselors, two hygiene assistants, and five surgeons supported services. Adequate amounts of consumables to cater for the increased number of procedures to be performed were also procured. As a result a total of 1,921 VMMC were conducted during the quarter across different sites as detailed in Table 2 below:

Table 2: Number of males circumcised by facility and month

Facility Name	October	November	December	Total
Nakuru West HC	87	413	680	1180
Finlays Hospital	7	34	49	90
Naivasha DH	-	198	36	234
Rocco Disp	-	-	49	49
(Molo DH)			22	22
(St. Joseph Nursing Home	-	207	-	207
(Njoro HC)	-	111	-	111
(Mogotio)	-	-	28	28
Total	94	963	864	1921

Majority 49% (934) of those circumcised were aged between 10-14 followed by 44% aged 15-19. No males in below nine years and above 49 years were circumcised during the period. In spite of reaching these numbers the project faced several challenges during implementation including: lack of adequate space in the clinical areas in some facilities; poor turnout among non-circumcising communities; low capacity of autoclaves to sterilize several packs at once and church community events organized to take place in the evenings. To address these the project plans to intensify mobilization using CHWs, increase number of static and mobile outlets, hire more temporary staff and orient them and conduct IQA/EQA to assure standards of services delivery

RESULT 3.2: INCREASED DEMAND FOR AN INTEGRATED PACKAGE OF QUALITY HIGH IMPACT INTERVENTIONS AT COMMUNITY AND HEALTH FACILITY LEVEL

3.2.2 Increased capacity of districts to develop, implement and monitor customized communications strategy

The BCC committees continued to provide overall coordination and championing of all behavior change communication activities in the districts. The project working with active

committees built their capacity in monitoring on going BCC activities in their sub-counties and also started the process of developing County specific communication strategies. The established committees provide a forum for the harmonization of messages from all stakeholders on factors that influence health behavior at regional level.

Baringo County: Earlier in the year (March 28th 2013) the project initiated the process of establishing BCC Sub-Committee in Baringo Central which was attended by select members of the DHMTs. The key agenda was the establishment of BCC committee in districts and key stakeholders were identified to be members of the committees. During the meeting the roles and responsibilities of the subcommittee were shared, this informed the selection of proposal members. The subsequent meeting for the committee didn't materialize, in the coming year the project will re-establish contacts with the DHMT and proposed members of the committee to ensure the Subcommittee is support to establish. The project also intends to work with the County Health team to develop the Baring County Health Communication Strategy.

Kajiado County: The project supported Kajiado Central, Loitokitok and Isinya DHMTs to hold a district health stakeholders' forum (DHSF) and discuss issues of developing establishing a BCC committee in their respective districts. Key stakeholders were identified to be members of the committees. The committees were supported to hold their first meetings which outlined their roles and responsibilities. The Kajiado County was also supported to develop a county communication strategy framework.

Laikipia County: Two BCC committee meetings for Laikipia East and central districts were held in the quarter. The meetings were used to develop the capacity of the two committees on key target and intervention specific implementation standards. Laikipia East BCC committee visited 23 partners to gather data on the health communication activities done by each partner. The BCC committee also championed the anti-jiggers campaign and distributed 210 pairs of shoes in Naibor community and to school pupils.

Nakuru County: The project continued to support the activities of BCC committees in three districts of Nakuru Central, Gilgil and Naivasha to implement activities based on their terms of reference. During the reporting period the project provided technical assistance to the three BCC committees to strengthen their roles and functionality. Capacity building focused on the different implementation standards for BCC and understanding SBCC concepts. Working with different committees and the County health team through the leadership of the County Health promotion officer the project developed a County Communication strategy framework which has been translated into a strategy document.

Narok County: The project continued to support the activities of BCC committees in two districts namely Narok South and Narok North to implement activities based on their terms of reference. During the reporting period the project provided technical to the two BCC committees on the different implementation standards for BCC and understanding SBCC concept. The project continues to work through the County health team under the leadership of the County Health promotion officer to strengthen the capacities of the different BCC committees.

RESULT 3.3: INCREASED ADOPTION OF HEALTHY BEHAVIORS

3.3.2 Expanded high-end interventions for populations made vulnerable by gender and SGBV

During the quarter under review, 197 SGBV survivors were served compared to 244 in previous quarter. The decrease is attributed to HCWs strike that affected the delivery of GBV/PRC Services. Cumulatively, 951 survivors were served in various facilities in year 2013 compared to 420 served in 2012. The increased service uptake was due to increased awareness and HCW orientations conducted in the counties. Of those served in the quarter, 90% (178) were provided with PEP compared to 204 the previous quarter while 96% were tested for HIV. The seroprevalence among those tested during the first visit was 2.6%. Those not provided with PEP presented after 72 hours and were therefore not eligible for the same. The project plans to sensitize the community to ensure survivors present before 72 hours elapse for effective interventions. The figure below provides details of the services offered during the quarter. In addition, the project supported the MOH to conduct site support supervision and participate in the 16 days of gender activism. LIPs were also sensitized on sexual and gender based violence.

Table 3: Survivors served by age, sex and types of service

	0-11 yrs		12-17 yrs		18-49 yrs		50+ yrs			
Indicators	M	F	M	F	M	F	M	F	TOTAL	%
No survivors seen	8	44	5	62	11	59	0	8	197	
No initiated on PEP	8	36	5	57	11	52	0	9	178	90
No given STI Treatment	8	40	5	56	11	58	0	8	186	
No offered ECP		4		52		52		6	114	
No given trauma counseling	7	41	5	58	10	56	0	8	185	94
No tested for HIV	8	38	6	62	11	56	0	8	189	96
No tested HIV positive 1st visit	0	1	0	2	0	2	0	0	5	2.6%

Baringo County: During the quarter, 14 survivors of SGBV were served at the PRC sites. Additionally, the project supported site support supervision visits by MOH and identified incomplete documentation and lack of knowledge on Sexual Offences Act as the main gaps in the delivery of quality SGBV/PRC services in Eldama Ravine DH and Esageri HC. There was improved documentation in the PRC form in Emining HC. Mentorship on documentation of SGBV cases and filling in of the PRC form and MOH 363 was conducted to eight clinical officers and two nurses. The project will sensitize the HCWs on the Sexual Offences Act in the next quarter. IECS Materials on SGBV were distributed which include: “Dos and Don’ts of Sexual violence”, “we have the power” and 15 copies of ‘Algorithm of sexual violence management were distributed to Koibatek DH. At community level, the project sensitized 68 (35 males) CHWs on SGBV to improve their knowledge and skills in identification of survivors of GBV, referral and linkage to appropriate services.

Kajiado County: During the quarter, the project supported the MOH to sensitize youth 90 (44 males) in Loitoktok on SGBV to equip them with knowledge and skills in SGBV prevention and response. Twelve survivors of SGBV were served. Among them nine were provided with PEP, 12 provided with STI treatment, six were given Emergency Contraceptive Pill (ECP), 11 were tested for HIV and two were positive.

Laikipia County: The project supported site support supervision visits to Doldol and Lipolei Dispensaries. Data collection and reporting tools and IEC materials were distributed to the facilities during these visits. Mentorship was also provided to 25 (17 females) staff at Nanyuki DH on documentation on post rape care form MoH 363 to ensure quality of services is provided. Further, the project supported the District Reproductive Health Coordinator (DRHC) to conduct CME on Post Rape Care clinical management to 56 (36 females) HCWs to update them on management of Sexual Violence. A total of 31 SGBV survivors were served. Services included PEP, STI treatment, HIV counseling and testing, ECP and trauma counseling.

Nakuru County: During the quarter, the project supported site support supervision and mentorship to HCWs in 30 facilities. Molo DH captured the cohort summary of the survivors (Oct to Dec 2013) using the new PRC register. Out of the 45 SGBV survivors who went for services 100% of males and 87.1% of the females completed PEP, none of clients reported being pregnant or seroconverted. 82.2% of the cases were reported to the police. The project supported therapeutic support group meeting in Molo and Gilgil DHs that brought together 31 survivors who shared their experiences. During the quarter, 126 survivors were served with various services: 112 were given PEP, 121 were screened and treated for STI, 77 ECP and 119 tested for HIV out of whom three were positive.

The project sensitized 20 (9 males) HCW on SGBV in Kuresoi District. Additionally, 150 (95 females) CHWs and CHVs from Deliverance Church Nakuru were sensitized to improve SGBV community response and prevention. The project supported sensitizations of 166 (96 females) CHWs and project staff on SGBV.

The project participated and supported HTC and distribution of IEC materials during the 16 days of gender activism as well as a stakeholder breakfast meeting to discuss GBV prevention and response in the County. The meeting resolved to strengthen GBV coordination within the county for synergy.

Narok County: During the quarter, 14 survivors of SGBV were served at project supported PRC sites. Additionally, the project supported PRC site support supervision and mentorship in Narok North and Ololunga DH. Six HCWs were mentored on effective linkages and referrals. Feedback on supervision was given to the D/HMTs and HCWs and follow up action plan developed.

As part of 16 days of Gender Activism Celebrations, the project sensitized 87 girls from Tasaru Rescue Centre and Pentecostal Churches Assembly on SGBV.

RESULT 3.4: INCREASED PROJECT EFFECTIVENESS THROUGH INNOVATIVE APPROACHES

Over the quarter, the project completed development of MNCH SMS system for Koibatek intervention. Efforts are underway to deploy the system to the health facilities and have data posted to track pregnant mothers. Additionally, the project developed more data management systems in a bid to improve the quality of information and transmission. To this end, three health communication systems were developed including PMP and PPMT system. The systems will be deployed in the subsequent quarter to the respective counties.

RESULT 4: SOCIAL DETERMINANTS OF HEALTH ADDRESSED TO IMPROVE THE WELL-BEING OF TARGETED COMMUNITIES AND POPULATIONS

4.1.1 Increasing access to economic security initiatives to marginalized, poor and underserved groups

During the quarter under review, the project continued with mentorship of the existing SILC groups and formation of new ones. A total of 50 new support groups were formed bringing the total of active SILC groups to 551 compared to 504 reported last quarter. The total SILC group savings increased from Ksh. 20,003,697 last quarter to Ksh. 26,177,775 with 8,975 HHs participating benefiting 24,071 OVC. Below find the achievements per county.

Baringo County: During the quarter under review, five new SILC groups comprising of 95 individuals (18 males and 77 females) were formed bringing the cumulative number of active SILC groups to 29. These SILC activities have benefitted 671 households serving 3,043 OVC. The SILC groups mobilized a total of Ksh. 253,700, achieving a net savings of Ksh. 950,454. A total of 52 households were reached with financial literacy training and 845 households initiated IGAs while 206 caregivers were linked to MFIs.

Kajiado County: During the quarter, 16 new SILC groups were formed bringing the total number of SILC groups in Kajiado to 171 with total membership of 2,376 (84% female). This is an 11% increase from the number reported last quarter. The total amount of savings accumulated is 5,447,123 which is a 17% increase from last quarter. A total of 7,128 OVC (51% males) received various benefits from the SILC activities including school uniforms, fees and scholastic materials.

The project supported three financial literacy trainings for three SILC groups reaching 90 (55% female) beneficiaries. This was done in collaboration with Equity Bank's training department.

Laikipia County: During the quarter under review, the project reached 3,103 HHs out of the targeted 1,816 HHs for the quarter with economic security initiatives. This performance was due to training of more SILC agents last quarter. One more SILC group was formed bringing the total of active SILC groups to 24. The SILC groups from 349 HH were able to save and loan each other an amount totaling to Ksh. 989,048.00 benefiting 1,572 OVC.

A follow up on HHs involved in SILC showed that 143 HHs earlier categorized as medium vulnerable have graduated to low level of vulnerability. The project will continue to monitor these HHs to ensure that they continue building their resources. Two support groups were linked to Uwezo Fund and 34 others were able to access loans from MFIs (Equity bank and Kenya Women Finance Trust). The members have expanded their businesses and have been able to cater for their basic needs including payment of school fees for their children.

Nakuru County: A total of 3,222 individuals were supported with economic strengthening initiatives out of the 4,035 targeted for the quarter, representing an achievement of 80%. Eight new SILC groups were formed with 132 members (77% females). Currently, there are 132 active SILC groups comprising of 2,073 females and 477 males supporting 2,534 households. These groups support a total of 7,323 OVC. Total savings for the groups are

KSH. 5,799,224 and the outstanding loans are 1,603. The economic strengthening initiatives have enabled caregivers to support various needs such as food, clothing, farm inputs, and school fees. During the reporting period, the project linked with Post Bank where 27 caregivers opened savings accounts for 45 children (28 Females, 17 Males). A total of 591 youth (266 males, 325 females) and 114 caregivers received financial education using the Jifanikishe LIFE POA methodology on importance of savings, budgeting and good spending.

During the quarter, three support groups were linked to FAULU Kenya for loan application and one support group benefitted from the government UWEZO kitty. 13 support groups comprising of 325 individuals (228 females and 97 males) were trained on financial literacy by Equity Group Foundation while 66 households were linked to various micro-finance institutions.

Nandi County: During the quarter under review, 11 new SILC groups comprising of 240 individuals (80 males and 160 females) were formed bringing the cumulative number of active SILC groups to 104. These SILC activities have benefitted 1682 households serving 3,554 OVC. The SILC groups mobilized a total of Kshs. 2,492,686, achieving a net savings of Ksh. 9,891,926. The quarter also witnessed 59 OVC households initiating IGAs while 121 OVC households were reached with financial literacy skills.

Narok County: During the quarter, nine new SILC groups were formed bringing the total number of active SILC groups to 77. Economic empowerment is so far one of the successful interventions in Narok County. The total contributions among 1,363 members stand at 3.1 million shillings. This has enhanced a saving culture among the community and some of them are able to meet their basic needs from the improved businesses. As a result of SILC interventions the primary care givers are able to meet their basic needs, some have constructed iron sheet shelters from mud houses, and others have purchased goats that they can sell when they reproduce.

4.2.1 Increased food security, improved nutrition and sustainable livelihoods amongst the target groups

In an effort to promote food security and nutrition, the project reached 24,474 HH with food and nutrition education and 1,820 kitchen gardens were established within OVC HH. Other activities undertaken include training of HHs on modern agricultural techniques, training Junior Farmer Fields Life Skills (JFFLS) to start food production at schools and home, and leveraging for direct food support from the GOK and other partners. Below find the achievements per county.

Baringo County: During the period under review, the project provided five support groups from 45 OVC households with green houses to ensure the members become more food secure and as an IGA. The quarter also witnessed 141 new kitchen gardens being established by OVC households benefitting a total of 352 OVC (50% females). In addition, 702 OVC households were reached with nutritional counseling, while 17 OVC households were sensitized on planting local vegetables.

Twenty one (21) CHVs out of 40 targeted were trained on how to conduct nutrition assessment using MUAC during monthly meeting. The orientation was facilitated by the nutritionist from the ministry of health. The project plans to orient 19 CHVs who were not reached this quarter on MUAC assessment.

The project targeted to reach 200 OVC with nutrition counseling, assessment and education and 59 OVC (22 males and 37 females) were assessed and provided with nutrition education and counseling. 17 OVC (9 males and 8 females) who were found to be severely malnourished were referred to the health facility for further management. The referred cases were provided with nutrition supplements and are currently being monitored closely by the project.

Kajiado County: During the quarter, a total of 12,864 individuals (50% males) benefitted from various food and nutrition initiatives including nutritional education. This resulted in 62 HH establishing new kitchen gardens. This has provided the families with readily available vegetables which provide the much needed vitamins and minerals especially for PLHIV and young children. It also boosted their income as the money saved was directed to other HH expenses.

In collaboration with AMIRAN, the project provided six greenhouses to six support groups. This is expected to help improve the nutritional status of PLHIV and their families as well as boost their income. The green houses have already been set up and the members expect to plant their first crop in January 2014.

An exposure session was held in Kajiado on organic farming and fish farming. A total of 92 (58M, 34F) OVC participated in the session. HIV/AIDS sensitization was also integrated during this forum to empower the pupils to make the right decisions in Adolescent Sexual and Reproductive Health (ASRH).

During the quarter, 243 (51% males) children were screened for malnutrition in Magadi during the OVC family health action day. This was followed by appropriate health education especially on provision of a balanced diet using locally available foods. The project issued vitamin A and deworming tablets to 167(51% male) OVC. This is expected to improve their nutritional status while Vitamin A will boost their immunity.

Laikipia County: During the quarter under review, 2,940 (89%) of the HHs, out of the quarterly target of 3,307 were supported to increase food security and nutritional status through education on kitchen gardening, better farming methods and food preservation. 1,448 OVC/PLHIV HHs received education on kitchen gardening and nutrition resulting in the establishment of 934 kitchen gardens. In addition, three support groups comprising 49 PLHIV (39F, 10 F) received education on draught tolerant crops through the MOA. Two demonstration farms were also established to serve as learning ground for PLHIVs who then replicate the skills learnt by establishing kitchen gardens at HHs level.

The project provided six support groups with one greenhouse kits each that is aimed at increasing income and food supplies at OVC HHs. Further, the project in collaboration with the Ministry of Agriculture (MOA) conducted visits to HH and JFFL clubs to provide technical support.

Nakuru County: A total of 6,182 households were supported with food and nutrition education against the target of 7,243, representing 85% achievement. 117 malnourished cases (one adult and 116 children) were identified and referred to healthcare facilities for management. 35 severely malnourished cases received food by prescription commodities. A total of 345 households initiated kitchen gardens this quarter, raising the number of households practicing kitchen gardening to 3,635, while 1,444 households have small stock and 32 HHs are practicing small scale irrigation agriculture.

Six support groups comprising of 142 members [67% female] previously trained on local poultry management, started rearing chicken supplied by the project through cost-share funds for economic strengthening. Eleven (11) support groups received greenhouses through the project. The groups are expected to conduct soil testing, receive training on greenhouse management and prepare the greenhouses for planting in the subsequent quarter. Follow up visits were made to 41 households out of a target of 50 planned within the quarter. The households received technical advice on crop routine field management practices.

Three support groups from Nakuru County received capacity building on post-harvest management and cassava processing. 8,750 cassava cuttings were distributed to these groups that comprised of 66 individuals (53 females and 13 males). The cassava seedlings were provided through a partnership between the project and KARI Njoro. This was an initiative to assist the beneficiaries' access planting materials for the crop that could withstand drought and diseases. This has resulted in increased cassava acreage by two acres. The introduction of cassava is expected



Pic 2: One of the greenhouses provided by the project being installed

to enhance food security and nutrition due to the fact that cassava is drought tolerant and will provide an alternative food crop when the main crop does not do well.

During the quarter, the project and the Nakuru County Agricultural Sector Development Support Program conducted a rapid market assessment survey in which representatives of support groups, beneficiaries, traders and agro-processors were selected and interviewed in order to identify key value chains in Nakuru County. The draft report is ready and will be reviewed in the subsequent quarter.

Nandi County: During the quarter under review, the project targeted 980 households with food security initiatives and reached 1,246 households. 26 OVC households established kitchen gardens, 58 households planted sweet potatoes and onions, nine poultry keeping, 31 OVC households were trained on food preservation and 1,122 OVC households were reached with nutrition education and counseling, during home visits. In total the project reached 3,405 households with various food security initiatives out of the targeted 2,196 households in year 3.

The project also supported an exchange visit for three JFFLS clubs for purposes of exchanging ideas and interacting with other club members. The clubs continue to utilize their produce and sell the surplus. Money from the sales is continually being accumulated and used to cater for small levies like PTA and exams for JFFLS members.

Narok County: During the quarter under review, the project reached 674 HH with food and nutrition education. Follow up among the care givers trained in previous period showed that 312 HHs have established kitchen gardening with various vegetables and fruits.

During this reporting period, the project trained 40 caregivers which was the target for the quarter on modern farming techniques. The technical support was provided by the Ministry of Agriculture. This training was aimed at enabling the care givers to produce food at their own level for their households. In addition another 40 care givers were trained on disaster risk reduction for three days through Arid and Semi-Arid Lands department.

4.3.1 Increased access to education, life skills and literacy initiatives for highly marginalized children, youth and other marginalized populations

During the quarter under review, the project provided educational support to 15,313 OVC (23%) out of the expressed need of 67,217 with education support in an effort to ensure that OVC receive quality education and have equal education opportunities like other children in community. The support included provision of school fees, school uniforms, scholastic materials, sanitary towels and life-skills education. The OVC need in education and vocational training was very high than the project capacity to provide the same during the quarter under review. Below are the achievements per county.

Baringo County: During the quarter under review, the project reached 1,304 OVC (22%) with education support out of 5,787 OVC who needed support. Among them, 782 female OVC above the age of 12 years received sanitary towels, 239 OVC were reached with life skills education and four OVC were supported with school fees.

50 OVC received Life POA training from Youth Save project which is being implemented by APHIAplus in collaboration with Save the Children International. During the quarter, five OVC (60% male) supported by the project graduated from various courses making them to become self-reliant; two of them are currently supporting their younger siblings in secondary schools with school fees.

Kajiado County: The project supported 36% total of OVC 4,392 with education and life skills out of the expressed need of 12,666. Among those reached, 881 (507M, 374F) were reached with school fees for secondary education while 43 students received school fees from other sources including AVSI and Giacomo Giacomo (an Italian organization operating in Ongata Rongai) and 726 girls received sanitary towels.

Laikipia County: During the quarter, 3,099 (38%) OVC received educational support and life skills training out of the expressed need of 8,130. The services provided included school fees, provision of sanitary pads and scholastic materials.

Nakuru County: During the quarter under review 5,094 (20%) OVC received educational and life skills training out of the expressed need of 26,925. Among those served, 4,904 (2,432M, 2,472F) in and out of school youths received life skills education using the Healthy Choices II curriculum. 106 OVC received secondary school fees support, 38 OVC received vocational training support, 293 OVC received school uniforms and 492 girls received sanitary pads within the quarter. In addition, the project leveraged vocational training support from Save the Children 'Child Lead the Way Project' in Naivasha for 10 OVC. The support enabled the OVC to attend school regularly and thus improved retention

Nandi County: During the quarter under review, the project reached 1,025 OVC with education support and out of the expressed need of 5,395. Among those served, 782 female OVC above the age of 12 years were provided with sanitary towels, 239 OVC were reached

with life skills education and four OVC supported with school fees resulting in increased school attendance and retention.

Narok County: During the quarter, the project supported 990 OVC (12%) with education and life skills training out of the expressed need of 8,122. Among them, 518 OVC received school uniform while 700 girls of 12 years and above benefited from sanitary towels. During home visits, the CHVs encouraged OVC to work hard to improve their school grades, provided special counseling to 38 OVC that showed some signs of having withdrawn from school without proper reason and their report forms reviewed at the household level. This led to increased school attendance and performance.

4.4.1. Enhanced access to improved water supply and sanitation (water, sanitation and hygiene)

During the quarter, 14,906 HHs were reached with Water Sanitation and Hygiene (WASH) education messages compared to 22,351 reached last quarter. As a result, 1,041 HHs constructed leaky tins for hand washing and 9,302 reported to be treating drinking water. The project, in collaboration with the MOH, sensitized 220 CHVs on WASH messages that included hand washing practices, water treatment, proper disposal of fecal matter and menstrual management for bed-ridden clients. Below find the achievements per county.

Baringo County: The project reached 3,567 HHs with WASH messages against a target of 2,400 households within the period under review. As a result of this sensitization, 171 tippy taps and 21 pit latrines were constructed and, 1,622 OVC households treated water.

Kajiado County: During the quarter, CHVs continued to sensitize caregivers and OVC on the small doable actions at HH level and during community meetings. A total of 1,413 individuals (354M, 1059F) were reached with WASH messages compared to 1,243 last quarter. As a result of this sensitization, 32 pit latrines were constructed and 111 OVC households treated water.

Laikipia County: During the quarter, 780 HHs were sensitized on hand washing techniques, water treatment and establishment of tippy taps resulting in 388 tippy taps being put up out of the set target of 632.

Nakuru County: To enhance access to improved safe water and sanitation, 52 CHVs were sensitized on WASH messages within the quarter who in turn reached 875 (8,573) HHs (87 %,) with WASH messages out of 9,828 HHs. This led to 478 new households constructing leaky tins, 5,397 of households have hand washing facilities. In the county 77% (7,558) HHs treated water for household use.

Nandi County: During the quarter under review, the project targeted 517 OVC HH with WASH messages and reached 567 HH. As a result of this intervention, 127 OVC HH were treating water, 174 households constructed latrines, and four households had constructed tippy taps. The project collaborated with the Ministry of health and trained 168 CHVs on WASH.

The project planned to reach 1,691 OVC households in year 3 and reached 1,647 (97%) with WASH messages.

During the Global hand washing day, the project worked together with the ministry of health and DCO to provide the toiletries for the purpose of supporting WASH demonstration during the event. 170 children from 69 households and four neighboring schools participated in the event. Hand washing facilities were set up in the four schools as learning centers and replication of the same is expected to take place at the homesteads.



Pic 3: Hand washing demonstration during Hand Washing Day in Nandi East District

Narok County: In Narok County the project continued to implement activities related to water hygiene and sanitation by mainly educating the community at the household level. The project also participated in marking the global hand washing day by carrying out demonstration on hand washing. The total number of the people who participated was 3,793 (53% females) in the three venues. The key message was *'the power is in your hands'*. This was meant to educate the pupils on the importance of hand washing and how to wash hands during critical times. The kits that were used for demonstrations were left in schools for further use by the schools and teachers present were expected to ensure that pupils wash their hands in school and replicate the practice back at home.

4.5.1 Increased access to quality protective services to survivors of sexual assault, child maltreatment and children without adequate family care

During the quarter 73,659 (92%) of the active 79,887 OVC were served with various services. 66,783 (84%) of the OVC served received three or more services and 6,876 (9%) received one or two services. 6,228 OVC were not served during the quarter as the demand for the services was higher than the project resources during the quarter especially in education. Below find the achievements per county.

Baringo County: During the quarter 6,443 (84%) of the active 7,647 OVC were served with various services. 5,981(78%) of the OVC served received three or more services and 462 (6%) received one or two services. The project supported 150 OVC to acquire birth certificates out of thee targeted 358 with another set of 96 applications waiting processing at the registrar's office. In total 2,206 (30%) OVC have been supported to receive birth certificates in the county. The period also witnessed one child protection meeting being held with the main agenda being sensitization of caregivers on critical required documents for birth certificate processing.

Kajiado County: During the quarter under review, 14,093 OVC (93% of the 15,110 active OVC) received various services. Out of those served, 12,593 (83%) received 3 or more services while 1,500 (10%) received one or two service.

The project continued with the distribution of Vitamin A supplements and deworming tablets to 167 (85M, 82F) OVC bringing the total under-5 OVC supported to 1,526 (592M, 934F) this year. The exercise was facilitated by project staff, volunteers with technical support from MOH staff.



Pic 4: Deworming of OVC in Mathare slums in Kajiado

During the quarter, 200 caregivers were sensitized on the importance of the NHIF. As a result, 16 families joined the NHIF scheme. This initiative will help the caregivers to access affordable medical cover thus mitigating the financial pressure associated with payment for health care.

The project continued to work closely with the department of children services in facilitating OVC to acquire birth certificates. During the quarter, 264 (134M, 130F) birth certificates were acquired bringing the total OVC acquiring certificates from the project to 4,486 (30%) out of the 15,110 active OVC. One sexual abuse case was reported during the quarter involving an eight year old OVC. She was referred for medical attention and prophylaxis was given. The child's family also received trauma counseling. The offender was arrested and is in remand awaiting his trial.

A total of 3,968 OVC (56% females) were given TOM's shoes during the quarter bringing the total number of OVC benefitting to 14,807 OVC (98%). This is expected to minimize risks of injuries to their feet and other infestations. The shoes have also raised the self-esteem of the beneficiaries as they do not feel inferior to their peers. In addition, 82 dilapidated OVC houses were renovated benefiting 246 OVC.

Laikipia County: During the quarter under review, 8,598 (90%) of the active 9,551 OVC received various services. Out of those served, 7,908 (83%) received 3 or more services while 690 (7%) received one or two services.

A total of 341 OVC (64%) out of 536 quarterly target were supported to get birth certificates during the reporting period bringing total reached so far to 3,316 (35%). This was through collaboration with the Ministry of Labour, Social Security and Services and Ministry of Interior and Coordination of National Government (department of civil registration).

Nakuru County: During the quarter 28,494 (94.5 %) of the active 30,146 OVC were served with various services. 25,648 (85%) of the OVC served received three or more services and 2,846 (10%) received one or two services.

In collaboration with the District Civil Registrar and local administration, 22 birth registration outreaches were held in Nakuru County to sensitize the community and OVC caregivers on the importance of birth certificates. A total of 1,304 caregivers were sensitized. Through the outreaches, 851 OVC received birth certificates within the quarter. Out of 30,146 active OVC in Nakuru County, 10,686 have birth certificates. This shows a 6% increase in the number of OVC with birth certificates in the year. During the



Pic 5: Care givers registering for OVC birth certificates in Nakuru

quarter, 34 caregivers were linked to NHIF. In total, 333 households supporting 1,339 OVC are registered with the NHIF scheme. 157 (90 female, 67 male) OVC were immunized against polio and 77 OVC underwent VMMC. Within the quarter, 43 OVC were

tested for HIV and one turned positive and was enrolled into care. During the period, 87% (31,872) of the ever registered OVC were tested for HIV. Of these 5% (1,558) tested positive for HIV. Out of the 1,558 that tested positive, 69% (1,076) have been linked to care and treatment.

Within the reporting period, the project supported the Nakuru County Director of Children Services to develop and publish a county directory of children services. The directory was distributed to all project sites and DCO offices within the county in order to facilitate effective referrals across the service areas and providers.

Four Quality Improvement (QI) sites conducted CSI assessments within the quarter to determine the areas of improvements and used the data generated to develop change ideas and set improvement objectives.

Nandi County: During the quarter under review, 92% (5,571) of the active 6,035 OVC of received various services. Out of those served, 92% (5,566) received 3 or more services while five (5) OVC received one or two services. A total of 2,767 OVC were given TOMS shoes. In addition, 241 birth registration application forms were processed bringing the total so far to 1,998 (33%) out of the active 6,035 OVC.

Narok County: During the quarter under review, 92% (10,460) of the 11,398 active OVC received various services. Out of those served, 80% (9,087) received 3 or more services while 12% (1,373) received one or two services.

In child protection the target was to support 500 OVC with birth certificates. 286 OVC were supported with birth certificates through the children department and registrar of births and deaths bringing the total reached so far to 11% (1,237) out 11,398 active OVC. One quality improvement team was established in Narok, a CSI carried out and analyzed. From the analysis as shown in the Figure 12 below, one key area that fell short of the desired outcomes as stipulated in the minimum standards was on shelter. The team has since then started implementing the domain on shelter.

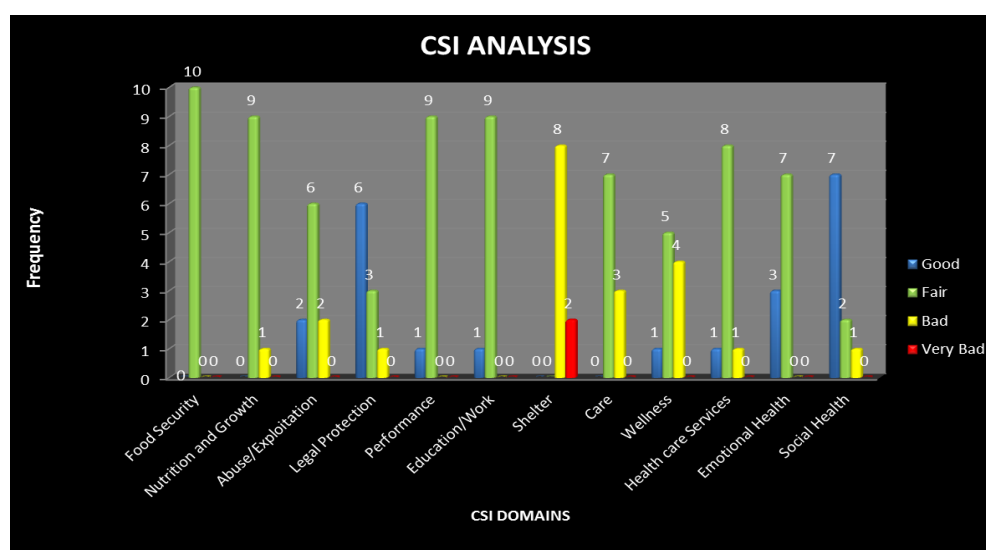


Figure 12: CSI Analysis Results for 10 OVC

4.6.1 Improving the financial, managerial and technical capacity of indigenous organizations serving social and health needs of marginalized poor and underserved populations

Seven LIP level coaches were trained on QI for OVC programming in order to cascade QI activities to the CBO level. Twenty eight (28) local implementing partner staff were also trained on human resources and administration by FANIKISHA. The topics covered were human resource policy structure, labor laws and administration. The management is in the process of developing a human resource policy document and updating staff personal files.

In addition, ten LIP leaders were trained on governance and resource mobilization. To enhance CPwP activities, refresher training was held for 107 previously trained service providers on CPwP from Nakuru and Baringo. The SDH Technical Officers were oriented on the latest version of the SILC MIS. The updated version will be shared with the LIP M&E officers and existing agents to harmonize SILC reporting and enable review of the entire project's SILC data. Below find the achievements per county.

Baringo County: During the quarter, ten community based organization LIP leaders were trained on governance and resource mobilization. This was to assist them develop business plans, draft donor proposals and establish private public partnerships as well as strengthening their information and accountability systems. The training was supported by the DASCO. Refresher training was held for previously trained 12 service providers from the county on the CPwP approach, the 13 messages and reporting tools

Kajiado County: During the quarter, ten LIP staff were trained on human resources and administration by FANIKISHA. In collaboration with Save the Children, the project facilitated the training of 24 LIP staff in Life POA. This is a methodology that targets children aged 12-18 years to start saving early and operate a bank account while empowering them in financial management. Through the support of Kajiado M&E working group, 17 LIP staff were oriented on the changes in OLMIS and a further 12 were oriented on how to conduct a RDQA.

Laikipia County: Implementing partners' staffs were oriented on the new CPwP reporting tool. This will ensure that all PLHIV are taken through the 13 messages within their support groups. Technical officers were oriented on SILC MIS reporting template which is to be shared with the IPs for quality data collection and reporting.

Three county M&E working meetings were held with the aim of reviewing and improving the quality of data and improving the reporting rates. Mentorship to the IP staff by APHIAplus technical team on reporting and data collection was done to ensure quality timely reporting. Mentorship to CBOs, SILC groups and CHVs on leadership and management continued throughout the quarter

Nakuru County: During the quarter, ten LIP staff were trained on human resources and administration by FANIKISHA. ACPwP refresher training was held for 95 CPwP service providers from the county on the CPwP approach, the 13 messages and reporting tools. In addition, six link desks were established at Keringet, Olenguruoni, Kiptagich, Kuresoi, Molo and Elburgon health centers. 16 community health volunteers (7 females, 9 males) were trained to support the link desk activities.

M&E working group meetings were conducted to analyze data for decision making. The meetings provided a forum where LIP and project technical officer jointly reviewed data from OLMIS and provided solutions to challenges being experienced in data collection as well as make recommendations on the direction of the program approach based on current data.

Nandi County: The project director and coordinator from MFMMHC attended a five day human resource management and administration training in Nakuru facilitated by FANIKISHA. The project conducted refresher training to 134 CHVs (33M, and 91F) to update them on project progress and strengthen their capacity to address emerging issues in the field. They were updated on *APHIAplus* project, the Social Determinants of Health approach, WASH, food and nutrition, basic home based care, child protection and conducting effective household visit. The CHVs will be able to roll out the knowledge acquired to the OVC and their families during household visits

Narok County: During the quarter, four LIP staff were trained on human resources and administration by Fanikisha. This training was aimed at helping the staff to enhance their human resource policies and staff welfare. The training was attended specifically by the managers who are expected to develop policies to guide the organization on various aspects.

LESSONS LEARNT

- Coordinated report submission by DHMTs with dedicated dates for this function, has improved reporting and quality of data collected.
- Use of in-charges meetings to share performance data has resulted in increased data ownership by facilities.
- Service delivery cascades and performance monitoring charts are instrumental in providing an impetus for data quality improvement.
- The outreach model of processing birth certificates in collaboration with the District Civil Registrars has improved the birth application and registration for the children without birth certificates. The model has raised awareness on the application process, reduced geographical barriers for caregivers, created demand for birth registration and raised government revenue.

III. PROGRAM PROGRESS (Quantitative Impact)

This section presents a quantitative description of the key achievements of the October to December 2013 reporting period. The tables present the basic data of key indicators in the PPMP required to assess progress toward achievement of the targets in the project. The tables for this section have been submitted separately.

IV. PERFORMANCE MONITORING

In this reporting quarter, the project continued to engage in performance monitoring activities including monthly data quality verification, tracking of district, facility and community reporting. The monthly data verification was conducted across all counties in 43 facilities compared to 85 sites in the last quarter. The drop in coverage was attributed to closure of facilities during the health care workers strike in December 2013 which also saw no data verification done in December. Identified disparities between reported and recorded data were attributed to knowledge gaps in filling source documents. Remedial mentorship was arranged and conducted. As illustrated in Figure 13 below, for all the four indicators monitored for quality, the project recorded no variations between what was reported and recorded in November 2013 – a rare fete.

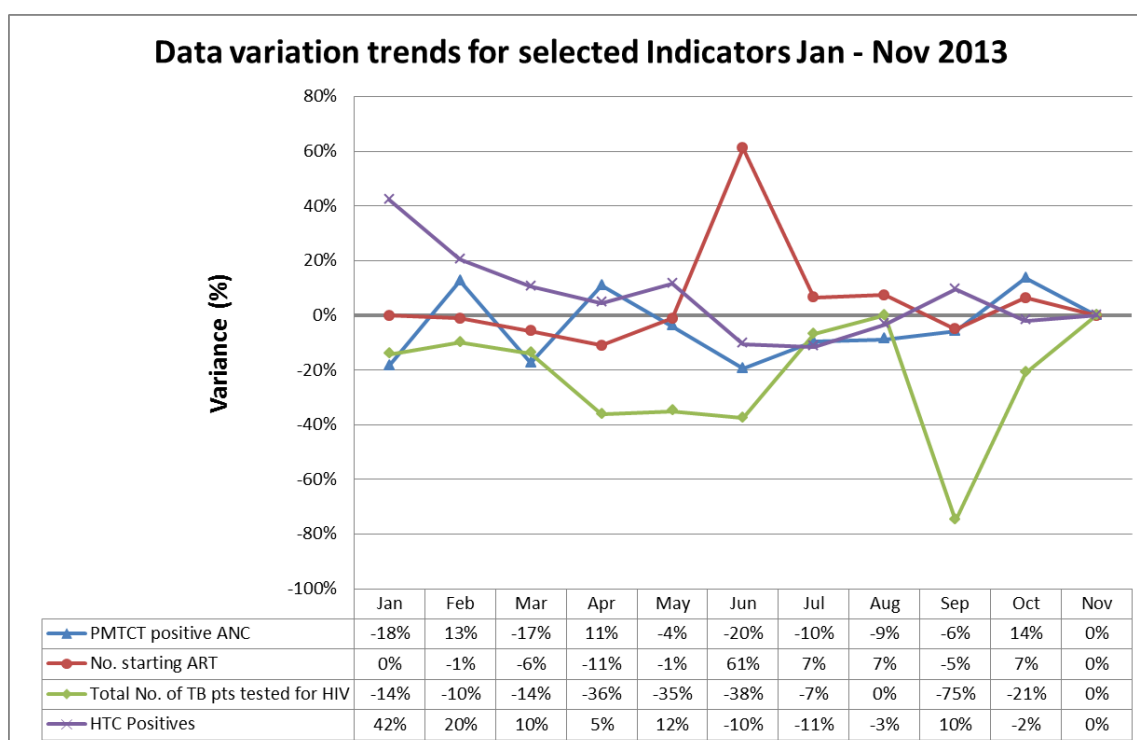


Figure 13: Data Verification Trends

Through a Performance Reimbursement Plan (PRP) developed in 2012, the project has continued to motivate DHRIOs to consistently improve the quality and timely submission of data. With this plan in place, the project has witnessed a steady improvement in facility PMTCT reporting rates as shown in Figure 14 below apart from the months of November and December where reporting was affected by the HCW strike. Nonetheless, the project continues to engage DHRIOs in a bid to make the system refractory to similar challenges in future.

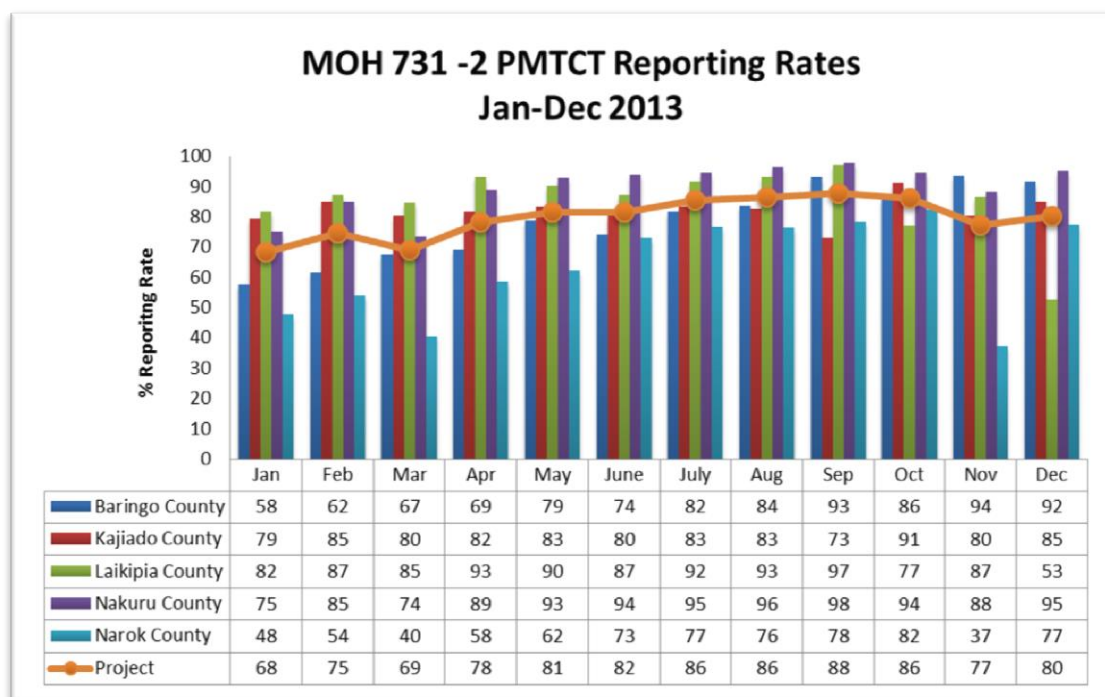


Figure 14: MOH 731 PMTCT reporting rates

As illustrated in Figure 15 below, the project recorded a two point decline from 94% to 92% in OVC reporting rates in the quarter under review. This was attributed to some OVC not being reached in the month of December. Efforts will be made in subsequent quarter to ensure that the OVCs are served.

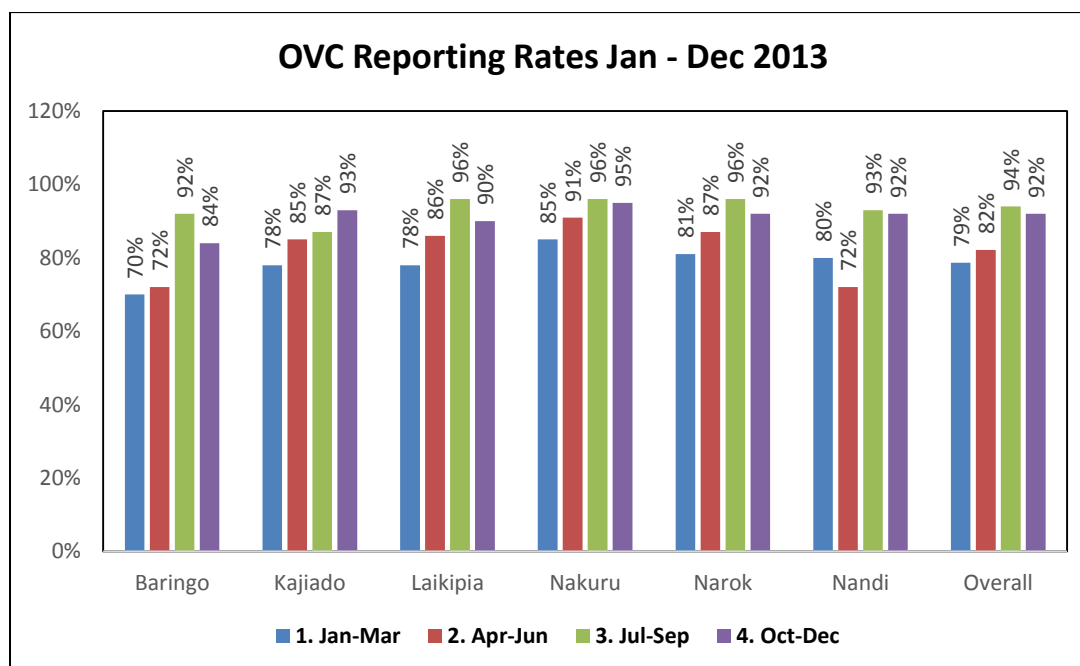


Figure 15: OVC reporting rates

The project recorded an overall gradual improvement in health communication reporting rates from January to September. However, in the quarter under review, there was a decline

which was attributed to lack of submission of reports by workplace sites. Efforts are being put in place to manage the situation. The graph in Figure 16 below depicts the performance over the year.

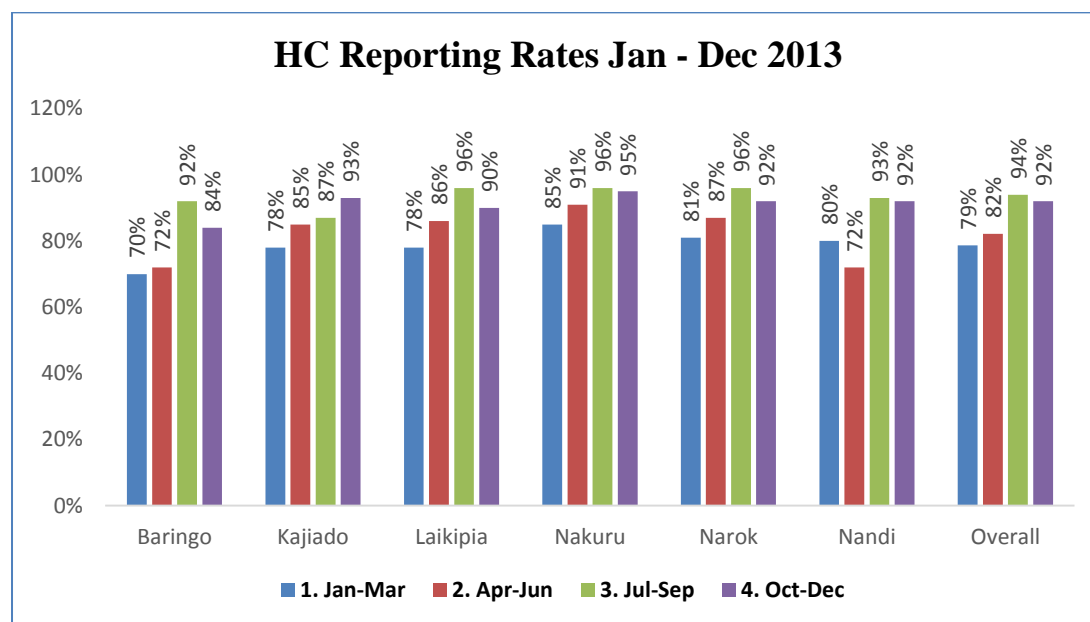


Figure 16: HC Reporting Rates Jan - Dec 2013

Figure 17 below shows CU quarterly reporting rates by county. Reporting rates under CUs for all counties increased over the quarters with Kajiado and Baringo recording very steady increases. However, Nakuru and Narok counties experienced a decline in reporting rates which was largely due to delays in payment of stipends to the CHWs and migration among nomadic groups in Narok.

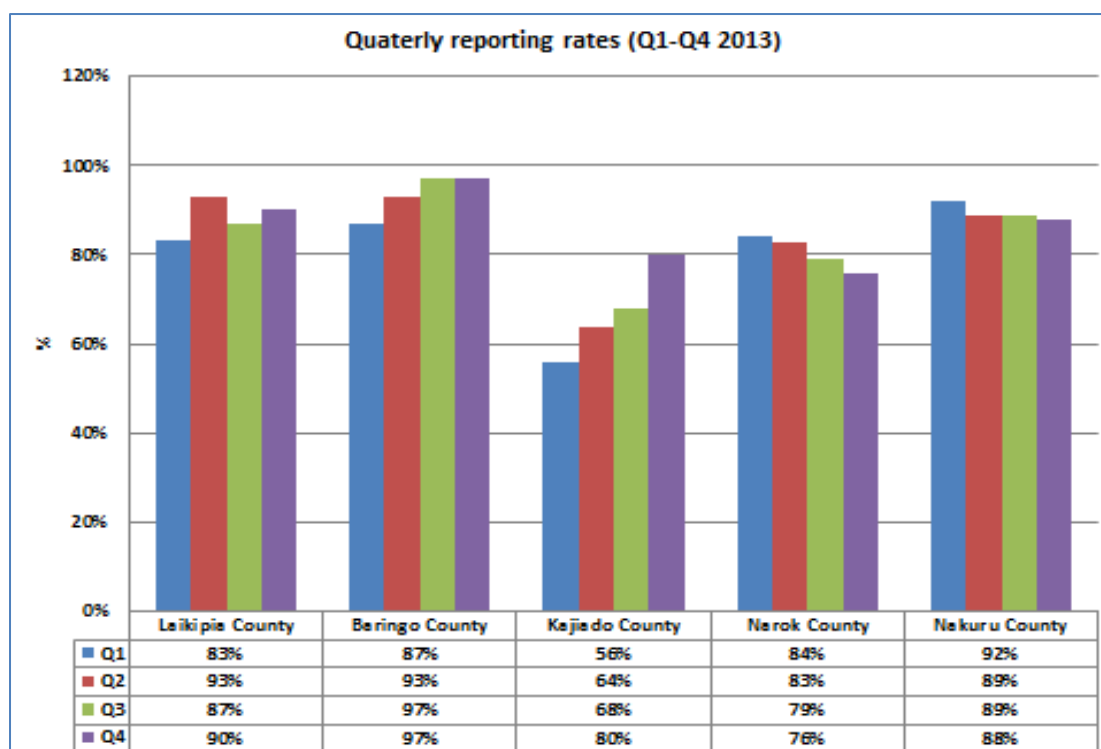


Figure 17: CU reporting rates

V. PROGRESS ON LINKS TO OTHER USAID PROGRAMS

Other USG funded projects that APHIAplus Nuru Ya Bonde linked to include:

- **CHAI:** A joint baseline assessment between APHIAplus Rift, CHAI and the County Medical Laboratory Coordinator was done in Subukia HC for installation of the PIMA POC CD4 equipment. A one-day demonstration of the HIV rapid test kits online commodity-reporting tool was also done for seven SCMLTs and the County Medical Laboratory Coordinator in Nakuru County.
- **Equity Wings to Fly:** 45 beneficiaries who had qualified for the Equity Wings to Fly scholarship at the beginning of the year continued receiving support to enable them continue with their education.
- **FANIKISHA:** 28 representatives from 16 LIPs management from all the Counties were trained by FANIKISHA on human resource management and administration.
- **FUNZO:** 84 HCWs were trained through Funzo Kenya on PMTCT, comprehensive HIV management among other topics.
- **Futures Group:** The project continued working with FUTURES and I-TECH in rolling out the EMR system in supported sites. This has so far been accomplished in 26 sites.
- **HCM:** The project continues to work with Health Communication Marketing (HCM) to strengthen capacity of sub-counties to implement quality program. The BCC committee is a joint venture between HCM and APHIAplus.
- **HFG:** During the reporting period the program worked with HFG under “JIPANGE” program to train 64 young people on SHUGA, local Evidence Informed Interventions (EII). The program has adopted SHUGA as one of the EBI to be implemented for young people
- **KENYAPHARMA:** The project in collaboration with Kenyapharma, did joint monitoring visits on tracer drugs with the aim of avoiding excess stocks or under stocks and joint field visits to Tangulbei HC following up on ART decentralization

- **Nutritional and HIV Program (NHP):** Thirty five malnourished children in Nakuru County received food by prescription products supported by NHP.
- **University Research Company (URC):** URC supported a learning visit to the two Centers of Excellence on Quality Improvement in Njoro and Molo in Nakuru County. Together with the Project's technical staff, the URC Quality Improvement Advisor conducted a review of CSI data collected by the teams. URC also trained seven additional QI coaches in Narok County. In addition, the project continued collaborating with URC-USAID ASSIST in implementation of KQMH and with UNICEF in rolling out bottle neck analysis in MNCH/eMTCT. Linkage with LMS for training of health managers in three counties- Nakuru, Laikipia & Baringo
- **Walter Reed:** The project jointly supported the establishment of a county eMTCT task force and a two day sensitization of bottle neck analysis which is aimed at promoting evidence-based planning and implementation of the eMTCT program.

VI. PROGRESS ON LINKS WITH GOK AGENCIES

The project continued to work closely with key government line ministries as follows:

- **Ministry of Agriculture, Livestock and Fisheries (MOALF):** APHIAplus Nuru ya Bonde collaborated with MOALF to provide trainings in agricultural matters and to facilitate the support groups in agri-business, kitchen garden establishment and small stock rearing.
- **Agriculture Sector Development Support Program (ASDSP):** The project collaborated with ASDSP to conduct a participatory rapid market assessment for five sites within Nakuru County to identify a rapid market assessment in Nakuru County to determine a set of opportunities that yield potential for growth and offer low entry barriers but quick returns for low and moderately vulnerable households. The rapid assessment draft report was presented and will be finalized in the subsequent quarter.
- **Children's Department: Registrar of Births and Deaths:** The project supported the Nakuru County DCS to map stakeholders in nine districts within the county and developed a directory of service providers. The project continued to partner with the DCOs and the LAACs in addressing child protection issues
- **Registrar of Births and Deaths:** The project partnered with the district registrar of births and deaths, the DCOs and local administration in accelerated birth registration exercises resulting to 2,133 OVC acquiring birth certificates.
- **Ministry of Education (MOE):** The project continued to partner with the MOE in addressing educational matters affecting OVC, in mobilizing OVC for services, and in strengthening JFFLS activities.
- **Ministry of Health (MOH):** was instrumental in the provision of HTC services, medical care and in the scaling-up of CPwP activities.
- **Department of Youth Affairs:** During the quarter under review, the program collaborated with department of youth affairs and Youth Enterprise Fund to strengthen co-ordination and economic opportunities for young people. The program is working with MOH to scale up youth friendly services in 26 sites.

VII. PROGRESS ON USAID FORWARD

FANIKISHA Institutional Strengthening project is a national mechanism geared towards USAID FORWARD agenda. During the quarter, two partner staff (NOPE APHIAplus

strategic partner and ICL) benefitted from various FANIKISHA mentorship sessions. The mentored staff subsequently supported two partners to write proposals that resulted in them receiving grants from FANIKISHA. Additionally, the project has worked with FANIKISHA to customize institutional strengthening trainings for implementing partners based on identified needs. One such need was in human resource management and administration that saw IP staff trained during the quarter.

VIII. SUSTAINABILITY AND EXIT STRATEGY

The project continued to mentor and build capacity of HHs to improve their livelihood to ensure that target households become self-reliant as the project period phases out. Among the activities undertaken were:

- Capacity building of support groups on strategic planning, organization development and resource mobilization. The IPs have undergone organizational development in system strengthening in order to attract donor funding. They are also engaged in resource mobilization through proposal writing and networking. Already most of APHIAplus LIPs and support groups are getting funding from other organizations such as National AIDS Control Council which has provided TOWA funds.
- Linkage of support groups to UWEZO to access funds and enable the OVC caregivers implement livelihood enterprises. Provision of greenhouses and small stock to households and caregiver groups – to enable households increase their incomes and provide for the children under their care.
- Vocational training to OVC who cannot proceed with secondary education and also those who finish secondary school but are unable to further their studies. The OVC is then guided on how to start an income generating activity, get the appropriate employment or join SILC groups. Linkages to other relevant service provision agents in order to leverage resource are done.
- Financial literacy training to older OVC that included entrepreneurship and business management. This will enable them secure self-employment so that they are able to support themselves. Some of them will be employed and through this they will be able to work more effectively and support themselves.
- Scaling up of the SILC methodology to enable communities to pool their resources together for individual or group investment in business and meet immediate needs of their families.
- The program is supporting implementing partners to develop community sustainability plans. This includes identifying devolved GOK resources at county level to support youth programs.

IX. GLOBAL DEVELOPMENT ALLIANCE

Not applicable.

X. SUBSEQUENT QUARTER'S (OCT-DEC 2013) WORK PLAN

Planned Activities for the Reporting Quarter (Oct-Dec)	Actual Status for Reporting Quarter	Explanations for Deviation	Planned Activities for Subsequent Quarter (Jan-Mar)
Program Management			
Training of local implementing partners by FANIKISHA in Human Resource and Administration	Done		Training of staff by FANIKISHA in IS standards

County quarterly review meeting – 5 Counties	Done		County quarterly review meeting – 5 Counties
Work planning for year 4 activity implementation	Done		Review of year four work plan in line with PEPFAR technical considerations/blue print
Continue with preparation for mid-term review	On-going		Sub agreement amendments
RESULT 3: Increased use of quality health services, products, and information			
Clinical services			
Facilitate further decentralization of ART and PMTCT services in 5 Counties	ART services decentralized to 9 facilities staff capacity building on going		Scale up access to VL testing in all the ART sites in 5 Counties
Conduct Technical Quality Assessments (TQA) in 40 high volume counties	6 TQAs done (GSN sites)	TQAs in public facilities done in third quarter	Follow up TQA in 25 facilities
Install 16 SMS printers in sites across the 5 counties	4 new SMS printers installed (2 in Narok & 2 in Kajiado)	The other regions installed in the third quarter	Installation CD4 Point of care (PIMA) machines in 6 health facilities
Strengthen the use of reporting tools for proper commodity management in 5 counties	On going		Conduct targeted mentorship on commodity management, Linkage to care, retention strategies and scale up of option B _{plus} for PMTCT
Training of qi coaches and formation of wit in model sites, and sensitization of 10 DHMTs with formation of QI teams in the 5 counties	Training of QI coaches done in the third, follow up/mentorship of 29 work improvement teams on going		Formation of 8 work improvement teams in 5 districts
Conduct community HTC across the counties	Accomplished		
Formation of EMTCT/MNCH county task forces	Accomplished in all the 5 counties.		Sensitization on eMTCT/MNCH bottle-neck analysis for the task forces in 5 counties
Scaling up of EMR in the five counties (with FUTURES group)	Installation of EMR completed in 26 sites across the 5 counties		Complete EMR data entry in 15 facilities. Install EMR and initiate data entry in 30 more health facilities.
Scale up VMMC in deserving regions(Nakuru and Baringo counties)	Accomplished.		Continue providing VMMC services in selected regions
Community Strategy			
Conduct DQA on 7 CUs to ensure data quality and validity	Done in selected CUs		Conduct Data Quality assessment in selected CUs across all counties with the use of developed tools
Continue with routine data activities; dialogue days, action days, monthly meetings	Done		Support monthly health action days and quarterly dialogue days in 140 CUs
Support CHWs monthly appraisal for performance based stipend.	Done		Continue supporting CHWs monthly performance based stipend payments.
Support Focal and CHEWs meetings	Not done	Competing tasks for MOH	Hold review meeting for the focal persons and CHEWs to track the project progress.
Health Communication			
<ul style="list-style-type: none"> Continue with hot Spot Mapping for MARPs and enrolment in 4 counties TOF in alcohol and substance abuse risk reduction Train 20 new MSM/MSW peer educators -Community organization for crisis response among MARPs	Hotspot mapping conducted in all priority site 20 MSM/W trained in Laikipia County Service delivery continued through the DICs		<ul style="list-style-type: none"> Data entry into the new DIC system Establish a bulk SMS system to reach out to KPs Service delivery through the DICs Peer Education and Outreach PEO quality assessment

Tools validation for SGBV fact sheet and guideline for CHEWs dialogue sessions at CUs	CHEWs fact sheet developed and distributed		
Support Y-PEER & G-PANGE activities (Nakuru County) Orientation/ training of youth on EBIs- SHUGA	64 youth trained on SHUGA from all 5 Counties	Roll out to start in Jan 2014	<ul style="list-style-type: none"> Mapping of OSY Linkage to biomedical and structural intervention Develop and roll out exit and sustainability strategy Strengthen TA to county teams Work closely with the MOH and county health teams to make YECs sustainable
Peer education sessions and monthly meetings	Total youth reached stand at 17,809	Increase by 5,261	<ul style="list-style-type: none"> Refresher training for professional peer educators Monthly meetings Supportive supervision
Continue with PE activities through small groups using <i>Health Choices 2</i> to reach OVC with health information	216 OVC reached through HC II	N/A	Linkage to other service providers
Continue with integrated services outreaches for HTC, STI, FP, CA	Total of 4,267 youth received biomedical services	Above by 705 of set target. Which is 80% of all youth reached	<ul style="list-style-type: none"> Develop referral directorate Reach YPLHIVs in support groups with PWP interventions Capacity building of more HCWs on youth friendly services Mobilize for VMMC team through YFC sites Linkage to financial institutions, UWEZO and Youth fund
Continue supporting LSE program activities in Schools – Nakuru and Narok County	Total enrolment at 98,250	Set target was 53,300	<ul style="list-style-type: none"> Grading and impact assessment of schools Painting of murals / talking walls Integrate school health activities Sustainability and exit strategy Head teachers summit Quarterly DQASOs & Teachers meetings Adopt the LSE for 4PP as an EBI with extra content on the special Pillars Mapping and Zoning target schools
Conduct regularized comprehensive outreaches along pastoralist migratory routes and engage opinion leaders to address cultural norms that hinder access and utilization of services	GIS mapping currently underway. Interviews with key informants done.		Finalized GIS mapping and analyse interview outcome
Promote community dialogue on gender norms (male involvement) through peer educators trained using the Healthy Images of Manhood (HIM) manual	Facilitated dialogue for dependents of workers done in three workplaces (Oserian, Migotiyo and Madrugada) that provide housing to staff and their dependents reaching over staff 1700 dependents. A simple evaluation on the effect of HIM sessions done among Rongai Transport and workshop workers		
Support to BCC committees	Strengthen the capacity of BCC committees to	The TA to some BCC committees	The project will continue to strengthen the capacity of BCC committees and County

	carry out their roles continued throughout the quarter. Three out of five Counties were supported to develop their communication strategy.	were slowed down due to the merger of some districts into sub-counties as devolution effort shaped up	team to carry out their mandates.
Monitoring and Evaluation			
Conduct monthly data quality checks at tier 3 and 4 facilities and quarterly checks for tier 2 facilities.	43 facilities were visited for data quality checks		Conduct monthly data quality checks at tier 3 and 4 facilities and quarterly checks for tier 2 facilities.
Train CHW and pilot revised OVC monitoring form and print copies for implementation	Pre-tested the new OVC tool within Nakuru and received feedback to improve the same. Revised OLMIS to conform to the new OVC tool.		Roll out the new tools and revised OLMIS system from March
Provide onsite mentorship of service providers (public and private facilities), LIP staff and CHWs in recording and reporting of data	110 sites were visited, as part of onsite mentorship		Provide onsite mentorship of service providers (public and private facilities), LIP staff and CHWs in recording and reporting of data
Adapt DHIS data management system to improve access to data for use by program staff	Contact made with Afya-Info and UON, and process initiated and is ongoing.		Continue the adoption of DHIS system by the program.
Facilitate dissemination and use of charts to promote use of data at 30 facilities	Charts were disseminated to 24 facilities	Health care workers strike	Follow-up with High volume facilities, to monitor use and plotting on the charts.
Conduct data use workshop for 4 counties	Not done	Due to competing priorities at County level	Planned for quarter Apr-June 2014.
Facilitate analysis and use of data from DHIS and CBHIS at facility and CU level	Partially done. Tracker, data flow chart developed as part of strengthening the CU data.		Continue supporting strengthening reporting of data in DHIS
Facilitate roll of and use of EMR system to 15 facilities and provide user support to service providers on use	Deployment has now reached a total of 23 facilities. The deployment is in various stages, and thus not fully operational		Facilitate full operationalization of already deployed EMR systems in 25 health facilities.
Facilitate quarterly joint performance review and feedback meeting with implementing partners	Developed a web-based performance standards system		Deploy the system and start using it from March
RESULT 4.0 : Social determinants of health addressed to improve the well-being of targeted communities and populations			
Procure and distribute greenhouses to support groups	30 Green houses distributed to support groups and installed		Train the support groups, plant and provide agronomic support
Share Market assessment report and develop way forward	Draft Market assessment report shared		Finalize the MA report and develop the identified value chains
Conduct refresher training of CPwP service providers	Done		Roll out of revised CPwP tools and database and train additional CPwP service providers
Intensify joint supportive supervision for partners and households in all counties	Done		Continues conducting Support supervision at LIPs and HH level
Targeted continuous technical assistance for partners in all counties	Done		Continue with this activity
Scale of QI activities: Form new QI	Done		Support more QI teams to conduct end

teams			line CSI assessments and County level QI learning sessions
Facilitate Civil Registration officials to conduct awareness and support the process at community level	Done		Continue supporting this activity
Conduct RDQAs	Done		Continue with RDQAs.
Strengthening of SILC activities through trainings and supervision	Done		Roll out of updates on SILC MIS to LIPs.
Roll-out of LIFE POA activities in partnership with Save the Children	Done		Technical support supervision and monitoring of progress.

XI. FINANCIAL INFORMATION

This section presents financial information regarding obligations, current and project expenditures and sub awards for the reporting period.

Figure 18: Obligations vs. Current and Projected Expenditures

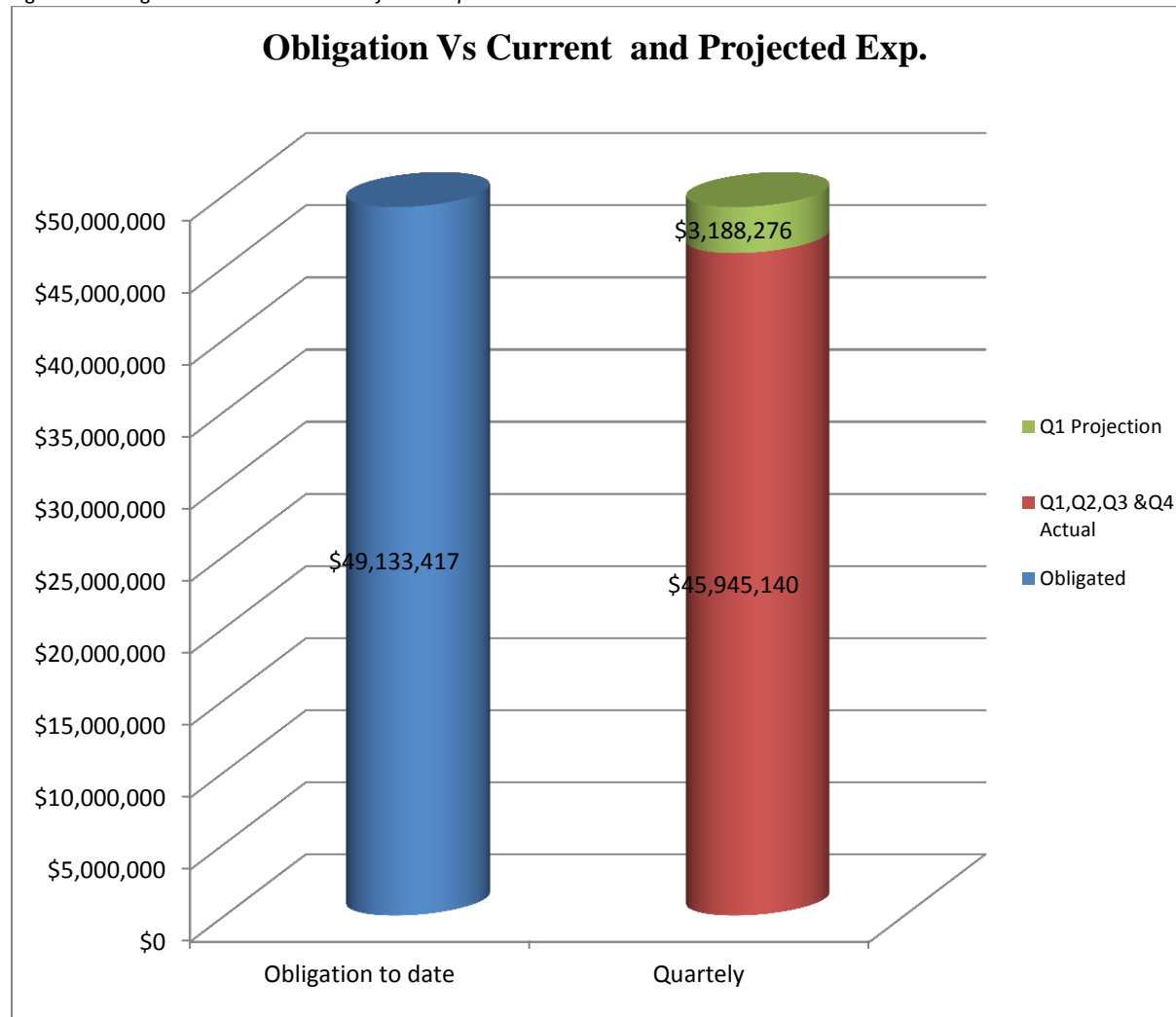


Table 2 (below) shows the mandatory categories of expenditures submitted in the solicitation (RFP or RFA) and the award stages of the contracting procedure. These reflect the same categories for which USAID is billed. Budget notes are also provided to explain the dollar figures.

Table 2: Budget Details
T.E.C: \$ 55,775,042
Cum Oblig: \$49,133,417
Cum Expenditure: \$ 45,945,140

Obligation	1st,2nd,3rd & 4th Quarter-2013 Actual Expenditures	1st Quarter- 2014 Projected Expenditures		
\$	49,133,417.00	45,945,140	3,188,276	0
Salary and Wages	6,660,813	622,399	0	
Fringe Benefits	1,719,219	97,028	0	
Travel, Transport, Per Diem	903,404	43,489	0	
Equipment and Supplies	524,071	6,671	0	
Subcontracts	0	0	0	
Allowances	0	0	0	
Participant Training	0	0	0	
Construction	0	0	0	
Other Direct Costs	7,930,235	746,115	0	
Sub-grants	21,764,570	1,237,082	0	
Overhead	0	0	0	
G&A	6,442,828	435,491	0	
Material Overhead				
Total	45,945,140	3,188,276	0	0

Budget Notes (Listed below are assumptions, major changes, estimations, or issues intended to provide a better understanding of the numbers)

Salary and Wages	Salaries for the coming quarter will remain the same.
Fringe Benefits	Fringe benefits will remain the same as salaries.
Travel, Transport, Per Diem	Travel expenses will increase with accelerated activities in the quarter.
Equipment and Supplies	No major equipment is to be purchased in the next quarter.
Subcontracts	
Allowances	
Participant Training	
Construction	

Other Direct Costs	The level of expenditures will remain same.
Sub-grants	Most of the implementing partners sub agreements have been modified through to various dates within the year with reduced activities.
Overhead	
G&A	Calculated as per Award conditions. The figure is higher this quarter because of the application of the new approved rate for the fiscal year.
Material Overhead	

Sub Awards

Table 4 below shows all sub-awards made to date under the project. During the reporting period, the project amended sub-agreements of 18 LIPs and five strategic partners.. The main purpose of the amendments was to obligate more funds for the implementation of project activities and the funds were obligated to cover the period up to 31st March 2014.

Table 4: Sub Award Report

Partner Name	Start Date	End Date	Amount US \$	Date Last Audit Conducted	Geographic Locations of Implementation
AMREF	1-Jan-11	30-Sep-15	4,054,425	September 2013	Baringo, Kajiado, Laikipia, Nakuru, and Narok Counties
Catholic Relief Service	1-Jan-11	30-Sep-15	2,145,857	September 2013	Baringo, Kajiado, Laikipia, Nakuru, Narok Counties
Gold Star Kenya	1-Jan-11	30-Sep-15	2,359,485	September 2013	Baringo, Kajiado, Laikipia, Nakuru, and Narok Counties
Liverpool VCT	1-Jan-11	30-Sep-15	1,596,477	September 2013	Baringo, Kajiado, Laikipia, Nakuru, and Narok Counties
National Organization for Peer Educators	1-Jan-11	30-Sep-15	1,423,283	September 2013	Baringo, Kajiado, Laikipia, Nakuru, Narok
Reach Out Trust	1-Jan-11	31-Dec-12	24,409		Mombasa County
Sapta Centre	1-Jan-11	31-Dec-12	40,569		Mombasa County
International Center for Reproductive Health	1-Jan-11	31-Dec-12	576,064	September 2012	Mombasa County
Ministry of Public Health and Sanitation	1-Jan-11	31-Dec-12	804,284	September 2012	Rift Valley
MAAP	1-Jan-11	31-03-14	348,138	August 2012	Kajiado Central sub-county
LIFA CBO	1-Jan-11	31-03-14	293,165		Likipia East sub-county
K-NOTE	1-Jan-11	31-03-14	1,104,440	September 2013	Naivasha and Gilgil sub-counties
Kenya Council of Imams and Ulamas	1-Jan-11	31-03-14	465,660	August 2012	Nakuru Central, Molo, and Koibatek sub-counties
I Choose Life - Africa	1-Jan-11	31-03-14	307,541	September 2013	Nakuru central, and Njoro sub-counties
Mother Francesca	1-Jan-11	31-03-14	311,096		Nandi Central sub-county
Handicap International	1-Jan-11	31-Dec-12	277,005		Trans-Nzoia East, Kwanza, and West Pokot sub-counties
Family Health Options Kenya	1-Jan-11	31-Jun-13	210,008		Nakuru Central sub-county
FAIR	1-Jan-11	31-03-14	1,965,771	September 2013	Nakuru central, Njoro, Molo, Rongai, and Kuresoi sub-counties
Enaitoti Olmaa	1-Jan-11	31-03-14	399,967		Narok North and

Partner Name	Start Date	End Date	Amount US \$	Date Last Audit Conducted	Geographic Locations of Implementation
Naretu Coalition for Women					Narok South sub- counties
Deliverance Church Nakuru	1-Jan-11	31-03-14	299,623		Nakuru Central sub-county
Catholic Diocese of Ngong	1-Jan-11	31-03-14	828,623	August 2012	Kajiado North, Kajiado Central, Loitokitok, Narok North, and Narok South sub- counties
Catholic Diocese of Kitale	1-Jan-11	31-Mar-13	179,533		Kwanza, Trans- Nzoia East, Central Pokot, South Pokot, and West Pokot sub- county
Narok District Network for HIV/AIDS	1-Jan-11	31-03-14	934,383	August 2012	Narok North and Narok South sub- counties
Catholic Diocese of Eldoret	1-Jan-11	31-Mar-13	222,080		Kwanza, Trans- Nzoia East, Central Pokot, South Pokot, and West Pokot sub- county
Caritas Nyeri	1-Jan-11	31-03-14	597,605	August 2012	Laikipia East and Laikipia North sub-county
CCS Eldoret	1-Jan-11	31-03-14	735,022	August 2012	Baringo Central, Baringo North, Marigat, Nandi East and Tinderet sub-counties
MOMS: Health Delivery Project RV	1-Jan-11	31-Dec-12	480,416		Rift Valley
Catholic Diocese of Nakuru	1-Jan-11	31-Jan-12	168,674		Nakuru County
Beacon of Hope	1-Jan-11	30-Sept-13	452,130		Kajiado North and Kajiado Central sub-counties
ESM	1-Jan-12	31-03-14	376,909		Kajiado North sub-county
Self Help Africa	16-Apr-12	31-03-14	360,070		Molo, Njoro, Koibatek, Naivasha, Laikipia, Baringo, Narok, Kajiado
WOFAK	1-Mar-12	31-03-14	610,107		Koibatek, Mogotio, Nakuru North sub- counties
AJAM	1-Aug-12	31-03-14	457,009		Kajiado North sub-county

XII. PROJECT ADMINISTRATION

Programmatic Transitions

Intra-Project Realignment/Transition: The project completed the rationalization of the geographic boundaries of different partners implementing OVC interventions in Nakuru, Baringo, Laikipia and Kajiado counties for efficient delivery of interventions. The partners included Women Fighting AIDS in Kenya (WOFAK), Christian Community Services (CCS) KCIU, BOH and LIFA.

Constraints and Critical Issues

During the quarter under review, the project experienced the following constraints;

- The nationwide HCW strikes hampered service delivery in most facilities and resulted in slow service delivery and delays in facility reporting.
- Inconsistent use of maternity register in high volume sites: Due to heavy HCW workload and shortage of staff, the maternity register at Naivasha DH is not adequately completed. The register is concurrently required at various service delivery points i.e. at admission, delivery and discharge. These factors have contributed to either incomplete documentation or wrong entries in the maternity register.
- The project experienced delay in the roll out of the IQ Care system and follow-up in sites where the system has been deployed. The project is following this up with Futures Group to ensure this is fast tracked in the next quarter.

Personnel: There were no major personnel changes during this reporting period

Changes in the Project: There were no changes in the geographic location or the strategic elements in the project during the reporting period.

Contract, Award or Cooperative Agreement Modifications and Amendments: No modifications and amendments took place

Annexes and Attachments

Annex I: Schedule of Future Events

Date	Location	Activity
25/4/2014	All counties	World TB Day

Annex II: Success Stories:

Success story 1: Families benefit from irrigated kitchen garden

Just outside Naivasha town is a small garden that catches the attention of many users of the Moi South Road, which serves many of the large flower farms that make this Great Rift Valley town famous. This small garden is well kept, with kales and spinach neatly growing in alternating rows.

The garden is the work of Tusonge Mbele Support Group. The group was formed in 2011 by two Stephen Ochieng and Japheth Aruba and today has 32 members, 24 of them women.

The two say they decided to form the group to help them cope with the challenges they were experiencing living with HIV. Learning to cope with their status was draining emotionally and eating into their finances because they needed to buy medicine and travel regularly to hospital. Sharing these challenges with others would make it easier to cope, they figured.

Support group members tending their vegetables.



With the community volunteers attached to APHIAplus Nuru ya Bonde, they formed the group and started recruiting members, mostly from flower farms in the area.

All members agreed that health care and transport to hospital had affected their family budgets. They resolved to start with saving small amounts of money to a common kitty from which members could borrow to start small businesses.

In September 2013, the project trained some of the group members in kitchen gardening to grow vegetable for income and to improve family diets.

The training sparked interest in the group. They requested the management of Karuturi flower farm to allocate them a piece of land to grow vegetables. Their request was granted and they immediately started preparing the land for planting.

APHIAplus Nuru ya Bonde provided them with a tank for storing water that they use to irrigate the farm. A constant supply of water ensures they can grow vegetables all year round, including during the dry season when prices are high.

Members of the support group say they are able to grow enough vegetable to feed their families and have some left over for sale.

However, members still face challenges educating their children because most of them are unskilled workers whose income is low.

To further improve their economic status, the group also is being trained to grow their savings using the “Small Internal Lending Communities” approach, SILC.

One of them has been trained to teach others about HIV prevention using the approach called “Community Prevention with Positives”.

This group is assured of healthy meals and the confidence to live positively with their condition.

Success story 2: Group sees secure future in chicken farming

Samaritan Friends Self-Help was formed in 2009 to address stigma against people living with HIV by creating awareness among SDA church members and local communities.

The group brings has 30 members, 20 of them women. Some of the members are living with HIV and other come from families affected by the disease. Besides educating members of how they can lead health lives, the group supports orphans and vulnerable children from the community.

“We care for orphans and vulnerable children in the community by providing uniform and books and chip in for fees,” says Tom Akech, the group chairman.

To sustain its activities and help improve the welfare of its own members, the group started various income-generating activities. These include making liquid soap and jam.

With USAID support, APHIAplus Nuru ya Bonde project has helped the group to grow and better do its work. Project officers trained the group on how to create awareness about HIV prevention, fight stigma and help people living with HIV.

The project also encouraged members to think of ways to sustain their work and earn money by starting small businesses and other income-generating activities.

Acting on the advice, the group saved money and bought motorcycle. It now earns them about 5,000 shillings a month.

The latest venture is poultry keeping started in September 2013 when after APHIAplus Nuru ya Bonde linked the group to Kenchic Company and provided start-up capital.

“APHIAplus bought for us 100 chicks, feeders and drinkers and starter’s mash. We bought another 50 chicks, more feeders and drinkers,” says Tom, a father of two.

Kenchic experts trained group members how to properly care for the birds. The training covered feeding, making feeds using locally available materials, breeds and breeding, housing, pest and disease control, hygiene and other routine management practices.

After three months the group sold some of the chicken and earned almost 50,000 shillings.

“What surprised us is that we did not have to look for a market,” says Tom. “When people heard that Good Samaritans are selling chickens, they came from all corners to buy them.”

Encouraged by the big demand, the group has used the money they earned to buy fast-maturing chickens to sell for meat, while keeping some layers. Some members have used the skills they got during the training to *rearing chickens for sale at their homes.*



Success story 3: Peer educators united to drive positive change

Local young men and women in the transport sector in Narok town have been mobilized and trained to reach out to their peers with information on HIV and AIDS, family planning and other reproductive health topics.

A network of 35 peer educators trained with USAID support through APHIAplus Nuru ya Bonde are not only saving lives, but helping many young people to adopt healthy behaviours and shape a better future.

The peer education program is coordinated from SASA Centres, created by the project to provide safe spaces where youths can interact and get health information and services.

Area District AIDS and STI Control Officer Francis Kamwaro says the peer education approach has made a difference. "It is a good initiative because this will equip the participants with knowledge and skills to provide the correct and accurate information to peers about health issues in the course of their interaction," he says.

Peer educators Michael Njoroge aka Wamunyor and Peter Njoroge, known to his peers as Mapengo have taken their role very seriously. They operate around the bus termini, where they educate touts, drivers and passengers about HIV and AIDS.



Peer Educators Mapengo and Wamunyor during the 2013 World AIDS Day in Narok.

They make sure condom at the bus park and nearby bars are well stocked. They also demonstrate condom use to their peers.

But their friendship is much deeper than that. One saved the other from imminent death due to alcohol abuse.

A few years ago, Mwangi tested HIV-positive. He was counselled and put on antiretroviral treatment. But because of his heavy drinking he defaulted on taking the medicine and his health worsened.

Wamunyor learned of it and took it upon himself to put his friend back on track. He persuaded Mwangi to seek help at the Sasa Centre.

Eventually Mwangi got off the bottle and was referred to Narok District Hospital where doctors put him back on HIV treatment. He was also found to have contracted TB and is being treated for the condition.

Mwangi is grateful for the help he got. "I thank God for him (Wamunyor) because if it were not for him I would probably be dead, he never gave up. I even quit drinking," he says.

Mwangi's wife says Wamunyor's intervention saved their marriage. He husband always come home early and even contributes to the family regularly, which he never did.

They now want more attention paid to alcohol abuse.

"I request you to come to my village and talk to the people about the effects of illicit brews.... its killing many people! Some have even abandoned taking medication [ARVS] because of the brew," says Mwangi.

Story 4: Support helps mother to live and see children prosper

Nancy Wanjugu lives in Marura Village, Sweetwaters Location of Central Division, Laikipia County. She tested HIV-positive in 2003, three years after her husband died. Her husband had been ailing for a long time before he died. She later came to learn that he used to secretly seek herbal treatment for his condition, which continued to



Nancy's son and the wall unit he made. APHIAplus paid for his carpentry training.

deteriorate. By the time he died, he had been asked to leave his work as chef at a hotel chef in Thika town.

Nancy was left with the responsibility of caring for their school-going four children.

"When I realized that I was positive, the first thought that came to mind was to commit suicide because I knew I would die anyway," says Nancy. "I would stand in the middle of the road hoping to be hit by a vehicle and spare my family the shame of knowing I was HIV-positive."

A relative told her about a Catholic parish in Nyeri that cares for people living with HIV.

"How God brought him to me is still a miracle up to this moment because I was still in denial and confused not sure of myself," says Nancy.

After three weeks of doubt and vain wishes that her status would change, she decided to visit the church.

"What I saw made me resolve to live again and I thanked God for not letting me die on the road as I earlier wished," says the mother. "I met many people who were HIV positive, some shared their experiences and some were even worse than I was. I listened to their stories and resolved that I too must live to take care of my children and have a story to inspire others."

Nancy stayed in Nyeri for a week and then came back home re-energized to face the future.

During her visits to the parish, she met one of Emily Otieno, program manager of Living In Faith Association (LIFA), a local organization that received USAID support through APHIAplus Nuru ya Bonde project to the people most affected by HIV in Laikipia County.

Emily Otieno told her how the organization brings people living with HIV together to share their experiences and support one another. This motivated Nancy even more.

Back home, Nancy joined a support group. In 2008 she was enrolled in the APHIAplus Nuru ya Bonde project. She was assigned to a community health volunteer who visited her regularly to provide health education and encourage her to live positively.

The project has assisted her to care of herself and the children.

Today, Nancy is herself a volunteer, assisting other people living with HIV. Two of her sons have been sponsored for vocational training. One is a driver. The second trained as a carpenter. He got a start-up kit from the project and started a small business that earns him enough to support his mother and siblings.

Story 5: Schoolboy overcomes hardship and sees a bright future

This is the story of Kelvin Maina, a 14-year-old boy who has overcome adversity to pass exams and continue pursuing his dream to become a doctor, thanks to USAID support through APHIAplus Nuru ya Bonde project.

Kelvin's parents separated in the year 2004 when he was four. He and his two siblings they were left in the hands of their ailing mother in Ongata Rongai, Kajiado County.

One year later, tested HIV positive and was bedridden for a while.

The three children were taken to their maternal grandmother. Unfortunately, the grandmother died away two years later.

A few days after her death, relatives sold off all of her household items and also took away the money donated by neighbors and friends for her burial. The children were destitute.

Although she was still ailing, Kelvin's mother took back the children. But she could hardly afford to feed them, leave a lone keeping them in school.

She sought help from Evangelizing Sisters of Mary, one of the local partners receiving USAID support through APHIAplus Nuru ya Bonde to assist orphans and vulnerable children.



Kelvin when he received scholastic materials from the project in October 2013

The family was enrolled in the project. The children were counseled and assisted to return to school. Their mother too was counseled assisted to join a support group. She gradually regained her strength.

With USAID support, APHIAplus Nuru ya Bonde trained her and other group members to operate small businesses. She sells vegetable at Rongai market and earns enough for her family basic needs. She belongs to a club where she saves money and borrows to expand her business.

The project provided two mattresses to ensure the children sleep comfortably and helped the family to start a kitchen garden.

The children are doing well in school. Kelvin sat for his Kenya Certificate of primary Education in 2013 and scored 326 marks out of 500. A prefect in his final year, kelvin was the second best student in his class and of the most disciplined.

He is looking forward to joining a county secondary school this year (2014). He hopes to score good grades and study to become a doctor. “The future looks bright for me and my siblings,” says Kelvin.

Story 6: Orphan supported through school now helping mother and siblings

Yusuf Suleiman, 20, lives in Eldama Ravine, Baringo County, with his five siblings and mother. Their father died over five years ago due to opportunistic infections associated with HIV and AIDS, leaving them in the sole care of their mother, a casual labourer. She could not meet even some of their basic needs.

Yusuf and the other children were recruited for support from USAID’s APHIA II Rift Valley project, which came before APHIAplus Nuru ya Bonde, in 2010. Their mother was enrolled for home and community based care (HCBC). She later joined Ajawab support group for people living with living with HIV.

Yusuf was then aged 15 years and in Form Three. APHIA II project and subsequently APHIAplus Nuru ya Bonde project paid his school fees until he sat his Kenya Certificate of Secondary Education in 2011. His siblings have also been supported. They are regularly counselled and have received school uniform and shoes, distributed in partnership with TOMS, USAID and FHI 360.

After Yusuf completed high school in 2012, the project granted him Ksh11, 000 as vocational training scholarships for a driving course. Three months later, he had his driving license. The project introduced him to Ajawaab transport company (no link to the support group) that owns matatus minibuses. He was interviewed, passed and got the job.



Yusuf Suleiman - driving a Matatu.

Yusuf now drives matatus plying the Nakuru–Eldama Ravine route. He earns an average of Ksh500 a day. He uses the money to support his family to meet their daily needs, like food, clothing, books and other school materials. He is saving some of the money to start a poultry business.

His young brother has also completed high school and is taking a driving course. He supplements his income by planting maize on a leased farm.

Yusuf’s mother has also benefitted from APHIAplus Nuru ya Bonde project. Like other members of her support group, she has established a kitchen garden after being trained by the project. She also belongs to a savings and credit club from which she has borrowed money

and started a business. She is able to meet most basic needs and continues to save to further improve her family's lives.

Yusuf is very grateful and cheerfully says: "I thank USAID through APHIAplus Nuru ya Bonde project for the support my siblings and I have received so far. Our lives have improved and my family now has a shoulder to lean on".